A Set of Competency and Proficiency Standards for Australian Professional Clinical Hypnotherapists

A Descriptive Guide to the Australian Hypnotherapists' Association Accreditation System

Lindsay B. Yeates

Australian Hypnotherapists' Association
Sydney — 1996

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Enquiries should be made to the publisher, the *Australian Hypnotherapists' Association*, through the Secretary:

Mrs. B. Brewin,
Honorary Secretary,
Australian Hypnotherapists' Association,
15 Chauvel Avenue, Milperra, NSW 2214, Australia

ISBN 0 646 27250 0

Foreword

Early in 1993, I invited a number of prominent Australian hypnotherapists to a meeting I had convened to discuss future directions for the hypnotherapy profession.

The feeling of this meeting was that the first step to be taken had to be the creation of a description of the unique set of therapeutic functions routinely performed by a full-time professional hypnotherapist; and those at the meeting decided to meet again to discuss how this might be done.

The Executive of the A.H.A. were kept informed of these proceedings.

By late 1993, the Executive had authorized a special working party to undertake a review of the Association's professional standards and ethics and make recommendations for updating them.
The working party was comprised of Margaret O'Brien/Tomko, Lindsay Yeates and myself.

The working party then decided to develop a set of performance criteria that would accurately describe the standards required for admission to the Association as a Clinical Member in such a way that would establish a new set of standards for the profession; which would also be easily understood by government departments, health insurance funds and, most importantly, the general public.

I sincerely believe that the system described in this book meets all of the needs that we defined at the beginning of our task.

As the work progressed, and as the precision of the competency and proficiency standards it contained became evident, the A.H.A. Executive came to see the value of extending these criteria into an objective “peer group” accreditation system.
At an Executive meeting on Sunday, 23rd. October, 1994, it was decided that accreditation would become a requirement for Clinical Membership.

On Sunday, 17th. December, 1995, the A.H.A. Executive adopted the system described in this book as its new Association policy; and, furthermore, determined that it would commence operating on 1st. January, 1996.

I would like to take the opportunity to thank Margaret O'Brien/Tomko for the many hours she gave to this project, and the time she spent away from her own busy practice.
Her years of experience and her constructive observations added greatly to the outcome of this project.

To Lindsay Yeates, who took on the rôle of author, the Australian Hypnotherapists' Association owes a debt of gratitude that can never be repaid.
His patience and dedication cost many hundreds of hours of his valuable time.
In addition to his theoretical knowledge of the structures of competence and proficiency descriptive criteria, his extensive experience as a practising hypnotherapist and teacher of hypnotherapy combined with his skills as a linguist made the working party's task so much easier.
His practical knowledge and detailed understanding of the intricacies of the "peer group" accreditation systems of other professional organizations has allowed this Association to benefit from their experience and establish a very refined system that will meet the needs of the hypnotherapy profession for many years to come.

Finally, I would like to take this opportunity to recognize the importance of the enthusiastic support and the valuable contributions that have been made by my colleagues on the Executive of the Association over the duration of this important project.

Michael Usher,
President, Australian Hypnotherapists' Association,
January 1996.

Preface

Almost three years have elapsed since Michael Usher, then Secretary (currently President) of the Australian Hypnotherapists' Association, invited me to contribute to the important project of formally reviewing, updating and revising the Australian Hypnotherapists' Association's professional standards and ethics.

This project soon evolved into another: that of formulating, creating and establishing a precise set of competency, proficiency and performance standards for both Association membership and for objective "peer group" accreditation.

It has often been a difficult task to balance the ***academic need*** for thoroughness, completeness, precision, clarity and accuracy of description and representation with the ever-increasingly urgent ***pragmatic need*** to have the entire project finished as soon as possible in order to allow the Association to initiate its "peer group" accreditation system.

In late 1995, the performance standards and the administrative structure that is described in this work were unanimously accepted by the A.H.A. Executive, and the standards and structure has been in force (as Association policy) from 1 January, 1996.

This is the first detailed set of competency and proficiency standards for professional clinical hypnotherapists published anywhere in the world; and the standards it presents were established by extensive consultation with experienced Australian clinical hypnotherapists who (collectively) shared more than 400 years of professional practise.

This work also contains a detailed exposition of the first "peer group" accreditation system ever constructed for professional Australian clinical hypnotherapists.

The overall model upon which it is based, the descriptions it contains, and the final structure it embodies is the product of a wide range of discussions with many experienced professionals in many fields.

Amongst all of the important changes and valuable guide-lines for future development which this scheme brings to the Australian hypnotherapy profession, there seem to be six very significant innovations:

- It recognizes that hypnotherapy is an art; not a procedure.
- It accredits specific individuals on the basis of their actual demonstrated knowledge and clinical performance; instead of approving particular "courses" or approving particular "teaching institutions".
- It describes the circumstances of a specialist, full-time clinical hypnotherapist; rather than one who only uses hypnosis sporadically. From this, it also provides a good working definition of clinical hypnotherapy itself.
- It argues that no "theological training" or Government registration can guarantee that an individual is a fit and satisfactory person to practise; and, so, it demands that ***all*** applicants for accreditation are thoroughly screened ***in order to ensure that they are not psychologically unsuitable for hypnotherapeutic work***.
- It only accredits applicants whose fitness to efficiently practise as a professional hypnotherapist is not in any way impaired by reason of infirmity, illness, or injury.
- It recognizes that neither "theological training" nor the training required for Government registration can guarantee that an individual is sufficiently well trained in hypnotherapy by virtue of that training alone.

Obviously, not all change is progressive; and it would seem very stupid to set about destroying (or irreversibly altering) the rich and irreplaceable resources of ***an original gene pool*** solely to make recent ***hybrids*** like medical hypnosis, dental hypnosis, hypno-analytical psychotherapy, etc. look good.

The beauty of this scheme is that it also clearly recognizes the historical origins of hypnosis and hypnotherapy; and, in doing so, it also conserves many of the important “original” concepts and procedures for future generations of Australian hypnotherapists.

It is my earnest hope that this work helps to prepare the way for those professional clinical hypnotherapists who are to follow in a way that never allows them to forget the contribution and the dedication of those who went before.

I thank Margaret O'Brien/Tomko for her time and for the important contributions she made to the creation of the performance standards.
Her support and her willingness to share her professional experience and opinions were invaluable.

I thank Michael Usher for his input and for the time he spent clarifying a wide range of policy issues over the duration of the project.

I particularly thank Robert Zindler for his advice and his willingness to share his hard-won experience and his extensive knowledge of the sorts of problems that attend the establishment of “peer group” accreditation systems.

Finally, I gratefully thank all of those others who have, in one way or another, contributed to this work; and I hope they accept its completion as a mark of respect.

Lindsay B. Yeates,
Rose Bay, January 1996.

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Please note that, except when it is explicitly stated otherwise, all of the words contained within this work that denote the singular number also include the plural number (and vice versa), and all words that denote the masculine gender also include the feminine gender.

A. Introduction

A.1. The Australian Hypnotherapists' Association (A.H.A.)…

The ***Australian Hypnotherapists' Association*** (the ***A.H.A.***) was founded in 1949. It was the first Australian professional organization of its kind; and it is still, by far, the oldest Australian professional association currently serving the needs of clinical hypnotherapists.

In 1949 there were no formal courses in hypnotherapeutic studies of any kind available in Australia. Moreover, there were almost none available anywhere else in the world.

In order to remedy this absence of formal vocational training, and in order to facilitate their on-going professional development, to improve their qualification and to increase the status of their emerging profession, an active group of Melbourne professional hypnotherapists banded together to form the ***Australian Hypnotherapists' Association***.

The principal reason for the formation of the ***Australian Hypnotherapists' Association*** at this particular time was to create a mechanism through which Australian professional hypnotherapists could discuss and study hypnosis, disseminate information about new developments in the field, conserve and transmit traditional approaches to hypnosis and hypno-therapy, share and examine their clinical experiences, investigate and assess the value of any new clinical applications for hypnosis that might become known, and offer each other peer-group support at a time when hypnosis itself was the object of much ill-informed and superstitious community prejudice — and, also, a time when clinical hypnotherapy was a far less acceptable form of therapy than it is today.

Membership of the ***Australian Hypnotherapists' Association*** was made available to those suitably qualified hypnotherapists who were of good character, who were psychologically suitable for hypnotherapeutic work, who were conducting an ethical practice, who had been in full-time practice for at least two years, and who were able to pass the Association's written, oral and practical examinations.

Within a short time professional hypnotherapists from all over Australia and New Zealand were members.

As the years went by, and as the hypnotherapeutic profession continued to grow and develop, and as the profession's status and level of community acceptance continued to increase, the Association's entry standards were also increasingly raised.

Around 1980, in order to further serve the long-term interests of the developing profession, the Association created a new category of member-ship ("***Associate Member***") to offer support and encouragement to emerging professional hypnotherapists who, although not yet qualified as ***Clinical Members***, were currently working towards acquiring the levels of academic and clinical experience demanded for ***Clinical Membership***.

The Association's ***Clinical Members*** have always taken great pride in passing on their knowledge, experience and expertise to ***Associate Members*** through their direct and indirect supervision, conducting workshops and teaching seminars and/or offering specific one-to-one teaching.

In 1995, the Association further expanded its range of membership to include the new category of ***Student Member***, in order to serve the interests of those emerging professional hypnotherapists who were working towards acquiring the academic and clinical experience required for ***Associate Membership***.

In its (almost) fifty years of existence not one member of the ***A.H.A.*** has ever been accused of malpractice or negligence, and no member has ever been sued by a client or a client's relative: a record of safety, efficacy and ethical professionalism that the ***A.H.A.*** is justly proud of.

A.2. Establishing the Specific Competencies and Proficiencies that are Required for Entry to the Australian Hypnotherapists' Association as a Clinical Member …

The ***Australian Hypnotherapists' Association*** has made a radical change in its policy.

It now expresses its technical criteria for eligibility for admission as a ***Clinical Member*** in terms of an applicant's ***actual demonstrated clinical output***, specific character and acquired technical knowledge; rather than in terms of his ***verified academic input*** (i.e., his formal training).

The ***initial purpose*** of this innovative change is to describe the current standards for eligibility for admission as a ***Clinical Member*** of the ***A.H.A.*** in terms of performance criteria; and, in the process, establish, formalize and set up a mechanism for maintaining this simply understood, universally acceptable and completely objective set of performance criteria for admission to the ***A.H.A.*** as a ***Clinical Member***.

It is also very important to recognize that, in the process of describing the ***specific applications*** of clinical hypnotherapy, these performance criteria also ***clearly define*** the ***scope*** and ***range*** of clinical hypnotherapy in a way that very emphatically stresses the ***uniqueness*** of hypnotherapy: rather than simply describing clinical hypnotherapy in terms of its ***similarity to*** (or its ***differences from***) other therapeutic disciplines.

In order to measure this ***performance***, a set of ***systematic*** and ***unequivocal descriptions*** of the required ***behaviours*** and expected ***standards of performance*** was created.

These descriptions also clearly specify precise guide-lines for the ***competencies*** and ***proficiencies*** each applicant had to possess in order to meet the ***Australian Hypnotherapists' Association's*** required minimum level of professional performance.

This was achieved by:

1. ***systematically categorizing*** the unique set of thera-peutic functions and clinical tasks that a professional clinical hypnotherapist might routinely undertake in the course of his everyday work,

2. ***determining*** the kinds of knowledge and skills that are required to be able to undertake ***those*** specific functions and tasks,

3. ***distinguishing*** those kinds of knowledge/skills from the other kinds of knowledge/skills needed to undertake other apparently similar, but entirely "non-hypnotherapeutic" activities,

4. ***identifying*** the specific areas of professional hypno-therapeutic practice in which an applicant seeking admission as a ***Clinical Member*** will be required to demonstrate at least the specified minimum level of competency (as well as ***identifying*** other important areas of professional hypno-therapeutic practice in which he must also demonstrate that he ***is not incompetent***), and

5. ***describing*** the minimum level of proficiency that is required for each of these specified competencies.

The ***competencies*** are the ***elements*** of each specific piece of skill/knowledge.

The ***proficiencies*** are the ***standards of performance*** required in both the ***recital*** of the data (or information) and the ***practical application*** of that specific knowledge (or information), especially in terms of the cognitive skills of thinking, judgement, understanding, generally innovating and "being able to think on one's feet".

Precisely because they ask for specific "***demonstrated professional competence***" (rather than a certain "***specified academic excellence***"), these specified levels of ***competence*** and ***proficiency*** will be immediately understood by teachers and students; and, as a consequence, they will also greatly assist those who are undertaking their own self-directed study.

A.3. Future Development into an Accreditation System…

The descriptive system was intentionally constructed in such a way that the ***precise performance criteria*** it contained could then be expanded, at some later time, into an ***A.H.A.-based*** accreditation system that would provide all Australian professional clinical hypnotherapists with a long overdue, ***stable mechanism*** for the ***peer group evaluation*** of their ***professional competence***, ***performance*** and ***proficiency***.

A.4. The Convenience, Advantage and Utility of Specifying "Outcomes"…

This considered decision to begin to clearly specify particular ***behaviours***, ***proficiencies***, ***competencies*** and ***performances*** (rather than the Executive "***approving***" particular ***syllabuses***, ***courses***, ***teachers*** or ***teaching institutions***) has the additional advantage of allowing the ***A.H.A.*** to treat those applicants who have gained their experience from individual, self-directed private study, "distance education" or on-the-job, apprentice-style training (or some mixture of these) ***on an equal basis*** with those applicants who have exclusively gained all of their knowledge from a process of formal training alone.

The decision to describe the ***A.H.A.'s*** membership criteria in terms of competency and proficiency also explicitly recognizes that, regardless of whatever else they may have in common, each and every Australian professional clinical hypnotherapist is a uniquely different individual who:

> a. requires an entirely different set of processes of formal, informal, and personal training to achieve the specified levels of competency and proficiency;

b. subscribes to an entirely different set of views of the nature of the appropriate model of health, illness and treat-ment in any given clinical situation;

c. has an entirely different set of clinical applications for his hypnotherapy; and

d. pursues an entirely different set of clinical and hypno-therapeutic goals.

This decision to specify desired "student behavioural outcomes" (i.e., rather than specifying particular numbers of teaching hours on particular specified topics) clearly allows teachers to teach from ***their*** perspective.

The decision also gives ***those teachers*** plenty of scope to respond to ***their*** individual students' needs; whilst still being able to ensure that ***their*** formal teaching contains sufficient "standard" material to allow ***their*** students to eventually meet all of the ***A.H.A.'s*** specified standards.

This will also encourage and foster the development of new and better teaching programmes.

Now that the ***Australian Hypnotherapists' Association's*** standards have been established, it is certain that future Australian hypnotherapy students will be exposed to a far better integrated body of hypnotherapeutic know-ledge than ever before.

And, because their academic and practical studies will be based on a far better foundation, it is also entirely reasonable to expect a far better overall outcome in the Australian hypnotherapy profession in years to come.

* * * * * * * * *

B. The Australian Hypnotherapists' Association's Performance, Competence and Proficiency Criteria for Eligibility for Admission as a "Clinical Member"

B.1. The Four Groups of Competencies and Proficiencies that are Required for Admission as a "Clinical Member" (as at 1 January 1996)…

In order to ***systematically categorize*** the functions/tasks, to ***determine*** the necessary kinds of knowledge/skills, to ***distinguish*** those kinds of knowledge/skills from other "non-hypnotherapeutic" kinds, to ***identify*** the required areas of competency, and to ***describe*** the minimum levels of proficiency demanded of each applicant for admission as a ***Clinical Member***, the ***A.H.A.*** created an explanatory model comprised of four separate groups of ***competencies*** and ***proficiencies***:

a. Core Competencies;

b. Auxiliary Competencies;

c. Optional Competencies; and

d. Peripheral Competencies.

B.2. The Core Competencies…

The "***core competencies***" are the "***core skills***" and "***core knowledge***".

These are the competencies considered absolutely essential for the professional hypnotherapist, and which are universally demanded of all applicants.

Hypnotizing and de-hypnotizing are good examples of "***core competencies***"; a "capacity for independent, self-directed development" is another.

B.3. The Auxiliary Competencies…

The "***auxiliary competencies***" are the "***auxiliary skills***" and "***auxiliary knowledge***".

These are the competencies that are expected, rather than demanded, of all applicants.

Whilst each of these "***auxiliary competencies***" may well be ***just as important*** as the "***core competencies***" in the day-to-day work of a professional clinical hypnotherapist, they are considered to be somewhat ***less significant*** than the "***core competencies***".

A capacity to elicit ideo-motor responses is a good example of an "***auxiliary competency***".

B.4. The Optional Competencies…

The "***optional competencies***" are the "***optional skills***" and "***optional knowledge***".

These are the competencies that are ***not universally shared***; and, consequently, are not considered to be essential for all applicants.

The ***A.H.A.*** requires that each applicant has ***a specified preponderance*** of these "***optional competencies***" — currently three (3) of a designated set of seven (7).

The production of "automatic writing" and "positive hallucinations" are examples of the "***optional competencies***".

B.5. The Peripheral Competencies…

The "***peripheral competencies***" are the "***peripheral skills***" and "***peripheral knowledge***" that are neither "***core competencies***" nor "***auxiliary competencies***".

These are the competencies, skills and knowledge that are connected with ***entire therapeutic systems*** and which the ***A.H.A.*** considers to be outside the domain of a specialist hypnotherapist's ***specific hypnotherapeutic knowledge***.

Consequently, none of these "***peripheral competencies***" have any place in the ***A.H.A.'s*** descriptive system: that is, other than being listed as irrelevant, "***peripheral competencies***".

Although it may initially seem that some of these "***peripheral competencies***" are indeed hypnotherapeutic, a deeper examination will quickly reveal that they are only "hypnotherapeutic" to the degree to which they, themselves, were derived from hypnotherapy in the first place.

It is important to understand, however, that these "***peripheral competencies***" are not ***approved***, ***disapproved***, ***accepted*** or ***rejected*** by the ***A.H.A.*** as appropriate forms of therapeutic practice.

And, whilst a particular "***peripheral competency***" may well reflect an applicant's personal interest, and whilst it may prove to be invaluable to the applicant in certain clinical circumstances, ***the having (or not having) of one or more of these peripheral competencies has no direct bearing what-soever on the matter of whether or not a given applicant is able to meet the A.H.A.'s specified standards of professional performance as a clinical hypnotherapist.***

So, regardless of how clinically useful they might otherwise be, all "***peripheral competencies***" will be ***completely ignored*** when assessing an applicant's hypnotherapeutic competence and proficiency.

Typical "***peripheral competencies***" are Vitamin Therapy, Mesmerism, Reiki, N.L.P., Rolfing, Past Lives Therapy, Homoeopathy, Gestalt Therapy, Acupuncture, Jungian Analysis, Rebirthing, Transactional Analysis, Dream Therapy, the Eye Movement Desensitization and Re-processing (EMD/R) procedure, etc.

B.6. Non-Hypnotherapeutic "Relevant Basic General Knowledge"…

In addition to its specified ***competencies*** and ***proficiencies*** required for admission as a ***Clinical Member***, the ***A.H.A.*** also requires that each applicant acquires certain "Relevant Basic General Knowledge" in the form of an appropriate level of basic general knowledge in the areas of counselling skills, medical terminology, basic psychological processes, psychopharmacology, and human sexuality.

B.7. Indication of the Range and Level of Knowledge Required…

Whilst the ***A.H.A.*** always recognizes that no two students have the same life experience or learn in the same way, that no two teachers have the same clinical experience, clinical outlook or "mind-set", and that no two hours of training are identical, it offers applicants the following ***general description*** as an ***overall indication*** of the level of "***academic input***" that is considered necessary to gain the required range and level of hypnotherapeutic knowledge:

Although no specific demand is made regarding professional training course ***entry levels***, ***course duration*** and/or the ***processes involved*** in the course/courses' delivery (the verified scholastic/academic "***input***") — i.e., no specific demand is made regarding the ***number of hours*** of training, the ***processes involved*** in that training, the ***topics*** that should be covered, the ***depth of information*** that should be delivered, or the ***techniques*** that should be taught in any formal course of study (or in respect of any individual, self-directed private study, or any "distance education" and/or any on-the-job, apprentice-style training) — it is generally anticipated that, as a rule of thumb, the average applicant for admission as a ***Clinical Member*** will normally need to undertake ***the equivalent of*** approximately ***400 hours*** of "***one-class-weekly***" formal training in order to acquire the desired level of ***competency*** and ***proficiency*** (the demonstrated performance "***output***") as a clinical hypnotherapist: and that this ***400 (one-class-weekly) hours' equivalent of formal training*** would normally be comprised of an appropriate mixture of theoretical, experiential and practical study of hypnosis and clinical hypnotherapy.

*[**N.B.**: this "400 (one-class-weekly) hours of formal training rule" has been applied by a selection of professional associations over a wide range of professional pursuits.]*

Similarly, as a rule of thumb, the ***Australian Hypnotherapists' Association*** considers the number of "***one-class-weekly-equivalent***" hours of formal training that is needed to acquire the desired level of "relevant basic general knowledge":

a. in the area of basic psychological processes is 30 hours,

b. in the area of medical terminology is 40 hours,

c. in the area of counselling skills is 35 hours,

d. in the area of psychopharmacology is 6 hours, and

e. in the area of human sexuality (and related counselling skills) is 30 hours.

B.8. Description of the Specific Competencies and the Minimum Levels of Proficiency that are Required for Entry as a Clinical Member (as at 1 January 1996)…

Note: *In the table below:*

- *"**Comp. Code**" ("Competency Code") specifies the competency's "group" as follows:*
  - ***1.*** *= Relevant Basic General Knowledge;*
  - ***2.*** *= Core Competencies;*
  - ***3.*** *= Auxiliary Competencies;*
  - ***4.*** *= Optional Competencies; and*
  - ***5.*** *= Peripheral Competencies (Therapies).*

- ***M.A.P.*** *("Minimum Acceptable Proficiency") specifies the minimum acceptable proficiency for each specific competency, and expresses that minimum acceptable proficiency as a value on a continuum that runs from 1 to 10. [N.B. with 10 being the maximum possible proficiency.]*

Comp. Code	Brief Description of the Competency	*MAP*	Additional Comments
1	Basic Psychological Processes.	N/A	Approx. 30 hours of study needed to meet this requirement. The intention of this requirement is not to train them in "psychology"; but is to equip them with a basic, general understanding of (a) the fundamental "models" and nosological categories of psychology, (b) the meaning of basic psychological terminology and (c) when to refer their clients elsewhere.
1	Medical Terminology: basic anatomy and physiology, and basic medical nomenclature.	N/A	Approx. 40 hours of study needed to meet this requirement.
1	Counselling skills.	N/A	Approx. 35 hours of study needed to meet this requirement.
1	Psychopharmacology.	N/A	Approx. 6 hours of study needed to meet this requirement.

Comp. Code	Brief Description of the Competency	*MAP*	Additional Comments
1	Human sexuality (and related counselling skills).	N/A	Approx. 30 hours of study needed to meet this requirement.
2	A variety of “susceptibility techniques”/ “susceptibility tests”/“trance ratification” techniques.	10	Be able to use 5 different types of “test”; be able to adapt each to suit individual circumstances; know the indications and contra-indications for each of the 5 different types of “test”.
2	A variety of induction techniques.	10	Be able to use 5 different types of induction technique; be able to adapt each to suit individual circumstances; know the indications and contra-indications for each of the 5 different types of induction technique.
2	A variety of deepening techniques.	10	Be able to use 5 different types of deepening technique; be able to adapt each to suit individual circumstances; know the indications and contra-indications for each of the 5 different types of deepening technique.
2	A variety of maintenance techniques.	10	Be able to use 5 different types of maintenance technique; be able to adapt each to suit individual circumstances; know the indications and contra-indications for each of the 5 different types of maintenance technique.

Comp. Code	Brief Description of the Competency	*MAP*	Additional Comments
2	An understanding of the principles of de-hypnotizing.	10	Be able to adapt the de-hypnotizing process to meet specific individual circumstances. Understanding the importance of removing suggestions (that are no longer necessary) that have been made during therapy.
2	An understanding of the principles of de-hypnotizing a client who is reluctant (or is refusing) to be de-hypnotized.	10	Be able to discuss the most common reasons for this reluctance/refusal. He must be able to demonstrate his control of strategies that would be appropriate for each set of circumstances.
2	Adapting published "scripts" from text books, journal articles etc. to one's own way of working, one's own vocabulary and one's own way of speaking.	6	
2	Answering clients' questions, and dealing with client "objections".	6	
2	Auto-suggestions (and so-called "affirmations"), and the creation of appropriate auto-suggestions.	7	
2	Awareness of the clinical limitations of hypnotherapy.	10	
2	Awareness of all the circumstances (clinical and otherwise) that contra-indicate hypno-therapy.	10	Be able to list/recite these (N.B. allowances will be made for individual opinion in areas that are subject to "controversy" [e.g. depression]).
2	Awareness of the influence of ***therapist expectation*** on the outcome of therapy.	10	

Comp. Code	Brief Description of the Competency	*MAP*	Additional Comments
2	Basic understanding of the concepts of “age regression” and “age progression” and their appropriate clinical applications.	6	Be able to produce both “age regression” and “age progression”, and adapt each to suit individual circumstances; know the indications/contra-indications for both “regression” and “progression”; be able to discuss at some length the problems of “pseudo-memories” and “confabulation”; have a clear understanding of the need for the hypnotherapist's directions to be “100% neutral”; be able to discuss the social/clinical issues raised by so-called “false memory syndrome” and so-called “repressed memory therapy” (and the issues of those who seek to have it).
2	Capacity for independent, self-directed development; capacity and intention to independently pursue the individual mastery of a wide range of hypnotherapeutic knowledge and skills.	10	
2	Capacity to describe “standard” hypnotic phenomena: abreaction, age progression, age regression, amnesia, analgesia/anaesthesia, animal magnetism, automatic writing, catalepsy, catharsis, deepening of hypnosis (including ideas of “depth of hypnosis” and “hypnotic depth scales”), dissociation, “fractionation”, glove anaesthesia, hyperaesthesia, hypermnesia, ideo-motor responses, imagery/“visualization”, mesmerism, placebo response, positive and negative hallucination, post-hypnotic responses, revivification, somnambulism, source amnesia, suggestibility, suggestion, time distortion, trance logic, waking hypnosis.	8	Candidates must be able to give a brief verbal description of each.

Comp. Code	Brief Description of the Competency	*MAP*	Additional Comments
2	Clear understanding that the "hypnotic state" does not, in and of itself, generally constitute a form of "therapy".	10	
2	Client confidentiality.	10	
2	Client expectation.	8	Includes the use of "trance ratification" procedures.
2	Creating a therapeutic programme: the capacity to identify hypnotherapeutic solutions to clients' problems, and independently plan, design and formulate an effective course of hypnotherapeutic treatment (taking special notice of the candidate's current limitations as a clinical hypnotherapist).	10	He must demonstrate a capacity to flexibly respond to a range of clinical circumstances with the inventory of hypnotic techniques and therapeutic procedures currently at his disposal.
2	Creating and preparing "scripts" and "therapeutic monologues".	6	
2	Dealing with catharsis and/or spontaneous abreaction, revivification and/or regression.	10	
2	Ethics.	10	
2	Explaining the considerable differences between clinical hypnotherapy and stage hypnosis to clients.	10	
2	Legal obligations.	10	
2	Post-hypnotic influences (viz. hypnotic suggestions for post-hypnotic responses).	10	
2	Post-hypnotic suggestions (viz. suggestions given immediately subsequent to hypnosis).	10	
2	Professional conduct.	10	
2	Professional image.	10	
2	Self-hypnosis: "self-induced hypnosis"; establishing "triggers" for on-going relaxation.	10	

Comp. Code	Brief Description of the Competency	*MAP*	Additional Comments
2	Self-hypnosis for the therapist.	10	
2	Suggestion: "prestige suggestion"; direct and indirect hypnotic suggestions; "definiteness" vs. "ambiguity" in suggestion; hetero-suggestion and auto-suggestion.	7	
2	Teaching self-hypnosis to individual clients.	10	
2	Teaching classes in relaxation and/or self-hypnosis.	5	
2	The hypnotherapist reporting on his work.	6	
2	The initial "pre-hypnotic" interview: asking relevant questions; taking a comprehensive case history.	10	
2	The phenomena of confabulation, manufactured memory, and pseudo-memory — and the consequences of the condition known as pseudologia fantastica — and the range of issues they raise in therapy.	10	
2	The problems with using "standardized suggestions": and how precisely the same "standard suggestion" will be interpreted very differently by each different subject.	10	
2	Understanding (and successfully arguing against) the attitudes of various fanatical religious groups towards hypnosis/hypnotherapy — especially stressing the lack of substance and the absence of textual foundation for the ill-informed objections of certain fundamentalist Christian groups.	8	
2	Understanding the considerable differences between hypnotists (the operators of "hypnosis") and hypnotherapists (those who use "hypnosis" to facilitate their therapeutic work).	10	

Comp. Code	Brief Description of the Competency	*MAP*	Additional Comments
2	Understanding the differences between so-called “permissive” and “authoritarian” styles of hypnosis and/or hypnotherapy.	10	
2	Understanding when to refer a client to another therapist (and knowing how to go about that referral process in a professional and productive way).	10	
2	Ways of introducing hypnosis and explaining hypnotherapy to one's clients.	10	
2	What to do when the client falls asleep during hypnotherapy.	10	
3	An understanding of the nature and the influence of “client resistance”: active resistance, conscious resistance, passive resistance, unconscious resistance, and so-called “client non-compliance”.	10	
3	“Analytical” hypnotherapy: “uncovering” techniques; an understanding of the arguments both for and against the use of “analytical” forms of hypnotherapy; the indications and contra-indications for “analytical”-type hypnotherapy.	8	He must demonstrate capcity to use “uncovering techniques”; and demonstrate ability to implement at least one “analytical” form of hypnotherapy (e.g. that of Araoz, Barnett, Boyne, Elman, Erickson, Hartland/Waxman, Karle & Boys, Watkins, Yapko, etc)
3	Dealing with “blocks” and/or “resistance”.	5	
3	Dealing with cancelled appointments.	4	
3	Dealing with clients that do not complete a "course of treatment".	4	
3	Dealing with negative self-talk: motivation and “ego strengthening” vs. “analytical” therapy.	4	
3	“Depth of hypnosis”/“hypnotic depth scales”	4	

Comp. Code	Brief Description of the Competency	*MAP*	Additional Comments
3	Eclecticism: adapting techniques/procedures to individual/specific circumstances.	5	
3	Establishing “triggers” for the re-induction of hypnosis.	4	
3	General knowledge of the history of hypnosis and hypnotherapy. Difference between hypnosis and mesmerism. Brief understanding of various models/explanations of hypnosis. Recognition of the “pathological slant” of most standard hypnotherapeutic terminology; how they are historical remnants of the obsolete view that hypnosis is either a symptom of a serious neurological disease or an index of a “weak mind”, and how their constant use affects the mind-set of the therapist: e.g. using “amnesia” for “selective forgetting”, “hallucination” for “imagining”, “susceptibility” for “capability”/“responsiveness”, “suggestible” for “more decisive”, “trance” for “altered awareness”, etc. as well as concepts of “depth” of hypnosis/“hypnotic depth scales” (which were derived from anaesthetic “depth” scales).	4	
3	How long is a session; and how many sessions constitute a course of treatment?	5	
3	Ideo-motor responses: standard ideo-motor signals; setting up/inducing standard ideo-motor signals; the monitoring of ideo-motor responses; so-called “ideo-motor questioning; the use of autoscopes; and the use of ideo-motor responses in therapy.	8	
3	Imagery (or so-called “visualization”): the theoretical/practical differences/distinctions between the applications and usages of “suggestions” and “imagery”. When to use suggestion; when to use imagery. Using imagery and suggestion synergistically.	8	
3	Keeping clinical records.	10	

Comp. Code	Brief Description of the Competency	*MAP*	Additional Comments
3	Knowledge of the rationale behind so-called "aversion therapy", and its historical relationship with a number of "conventional" hypnotherapeutic approaches.	4	
3	Learning from the issues we discover in our therapy; how to use this knowledge to equip our clients far better in terms of optimism, independence, self-efficacy and resilience.	10	
3	Pain control: approaches to pain control; analgesia/anaesthesia; a general knowledge of "standard" pain control techniques and procedures (e.g. "glove anaesthesia").	6	
3	"Secondary gains" and their effects on therapeutic outcome.	10	
3	Techniques for "symptom removal" and "symptom substitution".	6	Must have an awareness of the arguments for and against "symptom removal/substitution".
3	Techniques for children.	8	
3	The notion that all humans already have sufficient natural resources within them to be able to produce the required changes; and, from this, each individual has an equal potential for illness and for health.	10	
3	The problem of reification, and the issues it raises in therapy.	4	
3	The value of so-called "ego-strengthening" as a therapeutic tool.	10	
3	What is "rapport"? What is the significance of "rapport"?	10	
4	Apparatus induced hypnosis: metronome; spirals; pendulum; "hypnotic pill"; grandfather clock; egg timer, etc.	8	

Comp. Code	Brief Description of the Competency	*MAP*	Additional Comments
4	Hypnotherapy, self-hypnosis and mental imagery in the treatment of cancer: both as treatments in their own right and as integrated adjunctive therapies (preparatory, supplementary and/or supportive) to other forms of health-care (in both "treatable" and "untreatable, terminal and hopeless" cases of cancer). The question of whether or not hypnotherapy is appropriate for a particular client with cancer.	8	
4	Imagery ("visualization"): theoretical/practical distinctions between the application/ uses of "suggestions", "imagery", and so-called "visualizations". When to use suggestion, when to use imagery, how to use imagery and suggestion synergistically; creating and applying productive imagery; how to create imagery that is appropriate and comfortable for each specific client; the issue of inappropriate imagery (e.g. the aggressive, belligerent imagery of the Simonton's vs. the coöperative, conciliatory and far more natural imagery recommended by Siegel); how none of the imagery contained in any book is specifically appropriate for any particular client.	8	
4	Metaphor: the basic need for the use of metaphor, the construction of metaphors, the intentional use of metaphor and fantasy as a form of suggestion, using metaphors to make a point.	8	
4	Tapes: Hypnotherapy and the use of tapes, preparing and recording tapes, combining hypnotherapy and tapes, preparing the client for tape use.	3	
4	Understanding the phenomena and the production of "positive" and "negative hallucinations".	3	

Comp. Code	Brief Description of the Competency	*MAP*	Additional Comments
4	Use of Automatic Writing as a therapeutic tool.	8	
5	Acupuncture.	N/A	
	Knowledge of this therapeutic approach/modality has no direct bearing on his competency as a clinical hypnotherapist. It is, therefore, irrelevant; and it must be ***ignored*** in the assessment of his competency.		
5	"Aversion Therapy".	N/A	ditto
5	Dream Therapy/Dream Analysis.	N/A	ditto
5	Eye Movement Desensitization and Reprocessing (EMD/R) procedure.	N/A	ditto
5	Gestalt Therapy.	N/A	ditto
5	Homoeopathy.	N/A	ditto
5	Jungian Analysis.	N/A	ditto
5	Mesmerism.	N/A	ditto
5	N.L.P.	N/A	ditto
5	"Past Lives" Therapy.	N/A	ditto
5	Psychoanalysis.	N/A	ditto
5	Reiki.	N/A	ditto
5	"Rebirthing".	N/A	ditto
5	Rolfing.	N/A	ditto
5	Traditional Chinese Massage.	N/A	ditto
5	Transactional Analysis.	N/A	ditto
5	Vitamin Therapy.	N/A	ditto

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C. Additional Criteria for Eligibility for "Clinical Membership"

C.1. Minimum Age Requirement for Admission as a "Clinical Member"…

Every applicant for admission as a ***Clinical Member*** must have attained at least twenty-one (21) years of age at the time of lodging his application.

N.B. Although, in exceptional circumstances, the Executive of the A.H.A. may be prepared to consider an application for Clinical Membership from an otherwise suitably qualified candidate who has not yet attained twenty-one (21) years of age, no application can be accepted under any circumstances from an individual who has not yet attained eighteen (18) years of age.

C.2. All Applications for Admission as a "Clinical Member" must be Complete…

No application for admission as a ***Clinical Member*** will be considered to be lodged (and, consequently, it will not be administratively processed in any way) unless it is a ***complete*** application; viz., that it:

a. has been made in the ***form*** and the ***manner*** that has been prescribed by the Executive;

b. supplies all the information that is required by the Executive;

c. includes all the undertakings in relation to future conduct that are required by the Executive;

d. provides all the prescribed documentation and/or any other supporting evidence that might be demanded by the Executive; and

e. is accompanied by payment of all the prescribed charges and fees.

N.B. Without exception, in the case of every application for admission as a Clinical Member the ***onus probandi*** *("burden of proof") shall always lie on the applicant.*

Consequently, the applicant will always be obligated to substantiate each and every one of his statements, assertions and claims when and if he is required to do so by the Executive.

C.3. Examinations for Admission as a "Clinical Member"…

In addition to having met all of the specified academic and practical experience conditions, having attained twenty-one (21) years of age, and having satisfied the Executive that he is a "full-time" hypnotherapist (viz. that his ***major occupation*** is ***Clinical Hypnotherapist*** and that his ***principal modality*** within that occupation is ***hypnotherapy***), every applicant for admission as a ***Clinical Member*** must also satisfy the ***A.H.A.'s*** Examiners that he has attained at least the specified minimum level of competency and proficiency (as described in ***Sections B.1.*** to ***B.8.***).

This is demonstrated by his performance in a series of oral, written and practical examinations that have been set by the Examiners.

As a routine part of the examination process, each applicant is also required to present two different case studies (in the form specified by the Examiners) that have been taken from his actual clinical practice, and must be able to discuss and/or demonstrate such aspects of those case studies that the Examiners might from time to time require.

Regardless of whether he is a Government-registered Health-Care professional (Osteopath, Physiotherapist, Medical Practitioner, Dentist, Pharmacist, Psychologist, Chiropractor, Nurse, etc.), a "theologically trained individual", or not, every applicant for ***Clinical Membership*** will be examined in precisely the same way, with precisely the same set of examin-ations and be scrutinized against precisely the same set of competency and proficiency standards.

As part of the regular appraisal procedure, unless the Executive has specifically and explicitly directed otherwise in a particular case, every candidate for ***Clinical Membership*** will be required to attend a personal interview with the Executive (or their designated representatives), at a time to be specified, in the capital city of the applicant's home State.

In this interview the candidate will need to be able to satisfy the Executive that he is an appropriate person to be admitted to ***Clinical Membership***.
The Executive's recommendation will be final.

Furthermore, for the candidate to be admitted to ***Clinical Membership*** of the ***A.H.A.***, the Executive must be thoroughly satisfied that he is in all respects likely to be accepted without reservation by the members of the ***Australian Hypnotherapists' Association***.

All tests, appraisals and examinations for admission to membership as a ***Clinical Member*** of the ***A.H.A.*** will be conducted in the English language.

Admission to membership as a ***Clinical Member*** is awarded on the specific recommendation of the Examiners (or their designated representatives) who will interview the applicant, at a time to be specified, in the capital city of the applicant's home State.

The Examiners' recommendation will be final.

> *N.B.: Except where the Executive has otherwise specified, any candidate who fails in his examination(s) is not permitted to apply for re-examination until at least twelve (12) months has elapsed since notification of that failure.*

In the case of a rejected application, neither the ***A.H.A.*** nor its Examiners are ***obligated***, ***obliged*** or ***required*** to provide a rejected applicant with any sort of advice in respect of any additional data, skills, knowledge, procedures, etc., he must acquire, or any remedial training he might require (other than, perhaps, recommending that he needs comprehensive retraining "from the ground up") to allow him to become an acceptable standard.

C.4. Requirements for Raising Membership Status from "Associate" to "Clinical Member"…

In addition to having met all of the specified academic and practical experience conditions, having attained twenty-one (21) years of age, and having satisfied the Executive that he is a "full-time" hypnotherapist (viz. that his ***major occupation*** is ***Clinical Hypnotherapist*** and that his ***principal modality*** within that occupation is ***hypnotherapy***), every ***Associate Member*** who applies to have his membership status raised to that of ***Clinical Member*** must also satisfy the ***A.H.A.'s*** Examiners that he has attained at least the specified minimum level of competency and proficiency (as described in ***Sections B.1.*** to ***B.8.***).

> *N.B.: If an Associate Member is applying to have his membership status raised to that of Clinical Member within five (5) years of his acceptance as an Associate Member, the "specified minimum level of competency and proficiency" in his case will be the academic, competency and proficiency, and practical requirements that were specified for entry as a Clinical Member at the time of his successful application for Associate membership.*

This is to be demonstrated by his performance in a series of oral, written and practical examinations that have been set by the Examiners.

As a routine part of the examination process, each applicant is also required to present two different case studies (in the form specified by the Examiners) that have been taken from his actual clinical practice, and must be able to discuss and/or demonstrate such aspects of those case studies that the Examiners might from time to time require.

Regardless of whether he is a Government-registered Health-Care professional (Osteopath, Physiotherapist, Medical Practitioner, Dentist, Pharmacist, Psychologist, Chiropractor, Nurse, etc.), a "theologically trained individual", or not, every ***Associate Member*** who applies to have his membership status raised to that of ***Clinical Member*** will be examined in precisely the same way, with precisely the same set of examinations and be scrutinized against precisely the same set of competency and proficiency standards.

All tests, appraisals and examinations for raising an ***Associate Member's*** status to that of ***Clinical Member*** will be conducted in the English language.

The change of membership status from that of ***Associate Member*** to that of ***Clinical Member*** is awarded on the specific recommendation of the Examiners (or their designated representatives) who will interview the applicant, at a time to be specified, in the capital city of the applicant's home State.
The Examiners' recommendation will be final.

> *N.B.: Except where the Executive has otherwise specified, any candidate who fails in his examination(s) is not permitted to apply for re-examination until at least twelve (12) months has elapsed since notification of that failure.*

Once again, in the case of a rejected application, neither the ***A.H.A.*** nor its Examiners are ***obligated***, ***obliged*** or ***required*** to provide a rejected applicant with any sort of advice in respect of any additional data, skills, knowledge, procedures, etc., he must acquire, or any remedial training he might require to allow him to raise his status from that of an ***Associate Member*** to that of a ***Clinical Member***.

C.5. "Clinical Membership" is not an Automatic Entitlement…

Clinical Membership of the ***A.H.A.*** is not something that is just ***automatically*** bestowed upon an individual simply by virtue of the fact that he meets the stated academic and practical experience conditions for ***Clinical Membership*** (as described in ***Sections B.1.*** to ***B.8.***).

Clinical Membership is something that is awarded entirely at the discretion of the Executive of the ***Australian Hypnotherapists' Association***.

In exercising this discretion, the Executive of the ***A.H.A.*** may refuse to accept any application for membership from any individual and/or may refuse to admit any applicant to membership without it being required to provide any reason or explanation for its actions.

> *N.B. Unless the Executive directs otherwise in a particular case, all members are on probation for the first twelve (12) months of their Clinical Membership.*

C.6. Description of a Suitable Candidate for Admission as a "Clinical Member"…

Regardless of his level of hypnotherapeutic and non-hypnotherapeutic knowledge and clinical experience, no applicant for admission as a ***Clinical Member*** will be accepted by the ***Australian Hypnotherapists' Association*** unless the Executive is completely satisfied that:

1. He has attained at least twenty-one (21) years of age (see ***Section C.1***).

2. He is of good character, of good reputation, and is able to maintain high ideals of ethical professional conduct.

3. He is in all respects likely to be accepted without reservation by the members of the ***Australian Hypnotherapists' Association***.

4. He has agreed to be bound by the ***Australian Hypnotherapists' Association's*** Code of Professional Ethics in his hypnotherapeutic practice.

5. (Regardless of whether he is a Government-registered Health-Care professional, a "theologically trained person", or not), he has been recently psychologically appraised by an independent clinical psychologist; and ***that*** appraisal has indicated that he is a fit and proper person to practise hypnotherapy.

6. His fitness to efficiently practise as a professional hypnotherapist is not impaired in any way by reason of infirmity, illness, or injury.

7. He is currently a "full-time", professional clinical hypnotherapist (viz. his ***major occupation*** is ***Clinical Hypnotherapist*** and that his ***principal modality*** within that occupation is ***hypnotherapy***); and has been so for at least the preceding two (2) years.

8. (From Hippocrates' aphorism, "*Practise two things in your dealings with disease: either help or do not harm the patient*") the applicant, irrespective of his level of hypnotherapeutic skills, will cause no harm.

9. He is aware of how to deal with both spontaneous regression and abreaction.

10. He is well aware of the clinical limitations of hypnotherapy in general; and all the circumstances that contraindicate the use of hypno-therapy.

11. He is well aware of his current limitations as a clinical hypno-therapist.

12. (Taking special notice of his current limitations as a clinical hypno-therapist) he has the capacity to identify hypnotherapeutic solutions to clients' problems, and can independently plan, design and formulate an effective course of hypnotherapeutic treatment.

13. He understands when to refer a client to another therapist, and he knows how to go about that referral process in a professional and productive way.

14. He has both the capacity and the intention to undertake appropriate on-going self-directed study and professional development.

15. He has the capacity and intention to independently pursue the individual mastery of a wide range of hypnotherapeutic knowledge and skills.

16. He is currently maintaining (or currently has access to) and is currently using an adequate professional library.

17. He has agreed to undertake at least 20 hours of approved "Continuing Professional Education" per annum.

C.7. The Australian Hypnotherapists' Association Entry Criteria for Membership as a "Clinical Member" (as at 1 January, 1996)…

The conditions for admission to membership of the ***A.H.A.*** as a ***Clinical Member*** currently require that each applicant must have:

1. Attained at least twenty-one (21) years of age (see ***Section C.1***).

2. Satisfied the Executive of the ***Australian Hypnotherapists' Association*** that he is of good fame, reputation and character.

3. Agreed to be bound by the ***Australian Hypnotherapists' Association's*** Code of Professional Ethics in his hypnotherapeutic practice.

4. Had his psychological fitness to practise as a hypnotherapist examined and attested.

5. Satisfied the ***A.H.A.*** Executive that his fitness to efficiently practise as a professional hypnotherapist is not impaired in any way by reason of infirmity, illness, or injury.

6. Satisfied the ***A.H.A.*** Executive that his major current occupation is ***Clinical Hypnotherapist***, that his principal modality within that occupation is ***hypnotherapy***, and that he has been so employed for at least two (2) years immediately prior to lodging his application for acceptance as a ***Clinical Member***.

7. Had at least 1,000 hours of clinical experience as a hypnotherapist prior to lodging his application.

8. Had the ***equivalent*** of at least 400 hours of "***one-class-weekly***" formal training in clinical hypnotherapy prior to lodging his application (see ***Section B.7.***).

9. Had the ***equivalent*** of at least 140 hours of "***one-class-weekly***" formal training in a number of specified areas of general knowledge prior to lodging his application (see ***Section B.7.***).

10. (When lodging his application) agreed that, in the event of his application being rejected, neither the ***A.H.A.*** nor its Examiners are in any way ***obligated***, ***obliged*** or ***required*** to provide any sort of advice in respect of any additional data, skills, knowledge, procedures, etc., he must acquire, or any remedial training he might require to allow him to become an acceptable standard (see ***Section C.2.c.***).

11. (When lodging his application) acknowledged that the Executive of the ***A.H.A.*** may refuse to accept his application for membership or may refuse to admit him to membership without it being required to provide any reason or explanation for its actions (see ***Section C.2.c.***).

12. Demonstrated to the ***A.H.A.'s*** Examiners satisfaction, through his performance in a series of oral, written and practical examinations (including the presentation of two case studies), that he has attained at least the ***Australian Hypnotherapists' Association's*** specified minimum level of competency and proficiency (as described in ***Sections B.1.*** to ***B.8.***).

13. Been accredited by the Executive of the ***Australian Hypnotherapists' Association***.

14. Agreed to undertake at least 20 hours of appropriate Continuing Professional Education each year.

15. Satisfied the current ***A.H.A.*** specifications with respect to having ***Malpractice Liability Insurance*** that specifically covers his delivery of hypnosis and hypnotherapy.

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D. The Australian Hypnotherapists' Association's Performance, Competence and Proficiency Criteria for Eligibility for Admission as an "Associate Member"

D.1. The "Associate Member" Category of Membership…

The purpose of this membership category is to serve the interests of those who fully intend to become ***Clinical Members*** of the ***A.H.A.***, and who are also currently engaged in a programme of study that will ultimately enable them to acquire all of the stated academic and practical experience con-ditions required for ***Clinical*** membership.

D.2. Two Groups of Competencies and Proficiencies for Associate Members…

In order to ***systematically categorize*** the functions/tasks, to ***determine*** the kinds of knowledge/skills, to ***distinguish*** those kinds of knowledge/skills from other "non-hypnotherapeutic" kinds, to ***identify*** the necessary areas of competency, and to ***describe*** the minimum level of proficiency required from each applicant for ***Associate*** membership, the ***A.H.A.*** has adapted the "four group" explanatory model that was created for ***Clinical Members*** (q.v. Section ***B.1***) to one of two separate groups of ***competencies*** and ***proficiencies***:

a. Core Competencies; and

b. Auxiliary Competencies.

D.3. The Core Competencies…

As with the "***Clinical Member***" model, the "***core competencies***" are the "***core skills***" and "***core knowledge***" that are considered absolutely essential for the emerging professional hypnotherapist, and which are universally demanded of all applicants for ***Associate*** membership.

D.4. The Auxiliary Competencies…

As with the "***Clinical Member***" model, the "***auxiliary competencies***" are the "***auxiliary skills***" and "***auxiliary knowledge***" that is expected, rather than demanded, of each applicant.

D.5. The "Relevant Basic General Knowledge" Required of Associate Members…

In addition to its specified ***competencies*** and ***proficiencies***, the ***A.H.A.*** also requires that each applicant for ***Associate*** membership gains specific "Rele-

vant Basic General Knowledge" in the form of an appropriate level of basic general knowledge in the areas of basic psychological processes and psychopharmacology.

D.6. Range and Level of Knowledge Required of Associate Members…

Whilst the ***A.H.A.*** recognizes that no two students have the same life experience or learn in the same way, that no two teachers have the same clinical experience, clinical outlook or "mind-set", and that no two hours of training are identical, it offers applicants for ***Associate*** membership the following ***general description*** as an ***overall indication*** of the level of "***academic input***" that is considered necessary to gain the required range and level of hypnotherapeutic knowledge:

> Although no specific demand is made regarding professional training course ***entry levels***, ***course duration*** and/or the ***processes involved*** in the course/courses' delivery (the veri-fied scholastic/academic "***input***") — i.e., no specific demand is made regarding the ***number of hours*** of training, the ***processes involved*** in that training, the ***topics*** that should be covered, the ***depth of information*** that should be delivered, or the ***techniques*** that should be taught in any formal course of study (or in respect of any individual, self-directed private study, or any "distance education" and/or any on-the-job, apprentice-style training) — it is generally anticipated that, as a rule of thumb, the average applicant for ***Associate*** membership will normally need to undertake ***the equivalent of*** approximately 100 hours of "***one-class-weekly***" formal training in order to acquire the desired minimum level of ***competency*** and ***profici-ency*** (the demonstrated performance "***output***"): and that this ***100 (one-class-weekly) hours' equivalent of formal training*** would normally be comprised of an appropriate mixture of theoretical, experiential and practical study of hypnosis and clinical hypnotherapy.

As a rule of thumb, the ***A.H.A.*** considers the number of "***one-class-weekly-equivalent***" hours of formal training needed to gain the desired level of "relevant basic general knowledge" for ***Associate*** membership:

a. in the area of psychopharmacology is 6 hours, and

b. in the area of basic psychological processes is 6 hours.

D.7. Description of the Specific Competencies and the Minimum Levels of Proficiency that are Required for Entry as an Associate Member (as at 1 January 1996)…

Note: *In the table below:*

- *"**Comp. Code**" ("Competency Code") specifies the competency's "group" as follows:*
  - ***1.*** *= Relevant Basic General Knowledge;*
  - ***2.*** *= Core Competencies; and*
  - ***3.*** *= Auxiliary Competencies.*
- ***M.A.P.*** *("Minimum Acceptable Proficiency") specifies the minimum acceptable proficiency for each specific competency, and expresses that minimum acceptable proficiency as a value on a continuum that runs from 1 to 10. [N.B. with 10 being the maximum possible proficiency.]*

Comp. Code	Brief Description of the Competency	*MAP*	Additional Comments
1	Psychopharmacology.	N/A	Approx. 6 hrs of study needed to meet this requirement.
1	Basic Psychological Processes.	N/A	Approx. 6 hours of study needed to meet this requirement. The intention is not to train in "psychology": it is to equip him with a basic, general understanding of when to refer his clients elsewhere.
2	A variety of "susceptibility techniques"/ "susceptibility tests"/"trance ratification" techniques.	10	Be able to use 3 different types of "test", and adapt each to suit individual circumstances; know the indications/contra-indications for each "test".

Comp. Code	Brief Description of the Competency	*MAP*	Additional Comments
2	A variety of induction techniques.	10	Be able to use 3 different types of induction technique; be able to adapt each to suit individual circumstances; know the indications/contra-indications for each induction technique.
2	A variety of deepening techniques.	10	Be able to use 3 different types of deepening technique; be able to adapt each to suit individual circumstances; know the indications/contra-indications for each technique.
2	A variety of maintenance techniques.	10	Be able to use 2 different types of maintenance technique; be able to adapt each to suit individual circumstances; know the indications/contra-indications for each technique.
2	An understanding of the principles of de-hypnotizing.	10	Be able to use 2 different types of de-hypnotizing technique. Understanding the reasons for adapting the de-hypnotizing process to meet specific individual circumstances. Understand the importance of removing any (no longer necessary) therapeutic suggestions.
2	An understanding of the principles of de-hypnotizing a client who is reluctant (or is refusing) to be de-hypnotized.	10	Be able to discuss the most common reasons for this reluctance/refusal. He must be able to demonstrate his control of strategies that would be appropriate for each set of circumstances.

Comp. Code	Brief Description of the Competency	*MAP*	Additional Comments
2	A capacity for independent, self-directed development. Capacity/intention to independently pursue the individual mastery of a wide range of hypnotherapeutic knowledge/skills. Learning from issues discovered in therapy. How to use this knowledge to equip clients far better in terms of optimism, independence, self-efficacy and resilience.	10	
2	Adapting published "scripts" from books, journal articles, etc. to one's own way of working, vocabulary and way of speaking.	5	
2	An awareness of the clinical limitations of hypnotherapy.	10	
2	An awareness of all the circumstances (clinical and otherwise) that contra-indicate hypnotherapy.	10	Be able to list/recite these (N.B. allowances will be made for individual opinion in areas subject to "controversy" [e.g. depression]).
2	An understanding of the necessity for all hypnotic suggestions to be positive; and the need for all suggestions (hypnotic or otherwise) to be expressed in positive language.	10	
2	Answering clients' questions; dealing with client "objections".	6	
2	Auto-suggestions (and so-called "affirmations"), and the creation of appropriate auto-suggestions.	7	
2	Awareness of the influence of ***therapist expectation*** on the outcome of therapy.	5	
2	Clear understanding that the "hypnotic state" does not, in and of itself, generally constitute a form of "therapy".	10	
2	Client expectation: including the use of "trance ratification" procedures.	8	

Comp. Code	Brief Description of the Competency	*MAP*	Additional Comments
2	Creating a therapeutic programme: the capacity to identify hypnotherapeutic solutions to clients' problems, and independently plan, design and formulate an effective course of hypnotherapeutic treatment (taking special notice of his current limitations as a clinical hypnotherapist).	5	He must be able to demonstrate a capacity to flexibly respond to a range of clinical circumstances with the inventory of hypnotic techniques and therapeutic procedures he presently has at his disposal.
2	Dealing with catharsis and/or spontaneous abreaction, revivification and/or regression.	10	
2	Post-hypnotic influences (viz. hypnotic suggestions for post-hypnotic responses).	6	
2	Post-hypnotic suggestions (viz. suggestions igiven mmediately subsequent to hypnosis).	6	
2	Self-hypnosis: “self-induced hypnosis”; establishing “triggers” for relaxation.	10	
2	Self-hypnosis for the therapist.	10	
2	Suggestion: “prestige suggestion”; direct and indirect hypnotic suggestions; “definiteness” vs. “ambiguity” in suggestion; hetero-suggestion and auto-suggestion.	7	
2	Teaching self-hypnosis to individual clients.	10	
2	The hypnotherapist reporting on his work.	6	
2	The initial “pre-hypnotic” interview: asking relevant questions; taking a comprehensive case history.	10	
2	The notion that all humans already have sufficient natural resources within them to be able to produce the required changes; and, from this, how it logically follows that each of us has an equal potential for illness and for health.	10	

Comp. Code	Brief Description of the Competency	*MAP*	Additional Comments
2	The phenomena of confabulation, manufactured memory, and pseudo-memory — and the consequences of the condition known as pseudologia fantastica — and the range of issues they raise in therapy.	8	
2	The problems with using "standardized suggestions": and how precisely the same "standard suggestion" will be interpreted very differently by each different subject.	8	
2	Understanding the basis principles of (and basic procedures for) creating and preparing "scripts" and "therapeutic monologues".	6	
2	Understanding the considerable differences between hypnotists (operators of "hypnosis") and hypnotherapists (those who use "hypnosis" to facilitate their therapeutic work).	10	
2	Understanding the differences between so-called "permissive" and "authoritarian" styles of hypnosis and/or hypnotherapy.	8	
2	Understanding when to refer a client to another therapist (and knowing how to go about that referral process in a professional and productive way).	10	
2	What to do when a client falls asleep during hypnotherapy.	6	
3	A general knowledge of "standard" pain control techniques and procedures (e.g. "glove anaesthesia").	6	Although not required to be able to perform/demonstrate these procedures, he must have an awareness of the indications/contra-indications for hypnotic "pain control", "analgesia" and/or "anaesthesia", and have an awareness of the arguments for and against hypnotic pain control, analgesia and anaesthesia.

Comp. Code	Brief Description of the Competency	*MAP*	Additional Comments
3	An understanding of the nature/influence of "client resistance": active resistance, conscious resistance, passive resistance, unconscious resistance, and so-called "client non-compliance".	5	
3	An understanding of the nature and the influence of "secondary gains" and their effects on therapeutic outcome.	5	
3	A basic understanding of "symptom removal" and "symptom substitution".	6	Candidates must be aware of the indications/contra-indications for "symptom removal" and/or "symptom substitution", as well as an awareness of the arguments that exist for and against "symptom removal" and "symptom substitution".
3	Basic understanding of the concepts of "age regression" and "age progression" and their appropriate clinical applications.	6	Although not required to perform/demonstrate procedures for the production of either hypnotic "progression" or "regression", he must know the indications and contra-indications for both "regression" and "progression", and be able to discuss at some length the problems of "pseudo-memories" and "confabulation". Having a clear understanding of the need for the hypnotherapist's directions to be "100% neutral". He must also be able to discuss the social/clinical issues raised by so-called "false memory syndrome" and "repressed memory therapy" (and the issues of those who seek to have that sort of therapy).

Comp. Code	Brief Description of the Competency	*MAP*	Additional Comments
3	Dealing with cancelled appointments.	4	
3	Dealing with clients that don't complete a course of treatment.	4	
3	Dealing with negative self-talk through "motivation" and "ego strengthening".	7	
3	Establishing "triggers" for the re-induction of hypnosis.	4	
3	Explaining the considerable differences between clinical hypnotherapy and stage hypnosis to clients.	8	
3	General knowledge of the history of hypnosis and hypnotherapy.	4	
3	How long is a session; and how many sessions constitute a "course of treatment"?	5	
3	Imagery (or so-called "visualization"): the theoretical and practical differences and distinctions between the applications and usages of "suggestions" and "imagery". When to use suggestion, when to use imagery, and how to use imagery and suggestion in a synergistic way.	4	
3	Keeping clinical records; client confidentiality.	10	
3	Legal obligations; professional ethics.	10	
3	Professional conduct.	10	
3	Professional image.	10	
3	The notion of "depth of hypnosis".	4	

Comp. Code	Brief Description of the Competency	*MAP*	Additional Comments
3	The value of so-called "ego-strengthening" as a therapeutic tool.	8	He must have an awareness of the indications/contra-indications for "ego-strengthening" procedures, and an awareness of the arguments that exist both for and against the use of "ego-strengthening".
3	Understanding (and successfully arguing against) the attitudes of various fanatical religious groups towards hypnosis/hypno-therapy: especially stressing the lack of sub-stance and the absence of textual foundation for the ill-informed objections of certain fundamentalist Christian groups.	8	
3	Understanding of the general applications of "analytical" hypnotherapy.	8	Although he is not required to perform/demonstrate this type of procedure, he must have an awareness of the indications/contra-indications for "analytic-al"-type hypnotherapy, as well as an understanding of the arguments for and against the use of "analytical" forms of hypnotherapy.
3	Ways of introducing hypnosis and explain-ing hypnotherapy to one's clients.	7	
3	What is "rapport"? What is the significance of "rapport"?	10	

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E. Additional Criteria for Eligibility for "Associate Membership"

E.1. Minimum Age Requirement for Admission as an "Associate Member"…

Every applicant for admission as an ***Associate Member*** must have attained at least twenty-one (21) years of age at the time of lodging his application.

N.B. Although, in exceptional circumstances, the Executive of the A.H.A. may be prepared to consider an application for Associate Membership from an otherwise suitably qualified candidate who has not yet attained twenty-one (21) years of age, no application can be accepted under any circumstances from an individual who has not yet attained eighteen (18) years of age.

E.2. Maximum Duration of "Associate Membership"…

The maximum time that any individual can hold ***Associate Member*** status is five (5) years.

E.3. All Applications for Admission as an "Associate Member" must be Complete…

No application for admission as an ***Associate Member*** will be considered to be lodged (and, consequently, it will not be administratively processed in any way) unless it is a ***complete*** application; viz., that it:

a. has been made in the ***form*** and the ***manner*** that has been prescribed by the Executive;

b. supplies all the information that is required by the Executive;

c. includes all the undertakings in relation to future conduct that are required by the Executive;

d. provides all the prescribed documentation and/or any other supporting evidence that might be demanded by the Executive; and

e. is accompanied by payment of all the prescribed charges and fees.

N.B. Without exception, in the case of every application for admission as an Associate Member the ***onus probandi*** *("burden of proof") shall always lie on the applicant.*

Consequently, the applicant will always be obligated to substantiate each and every one of his statements, assertions and claims when and if he is required to do so by the Executive.

E.4. Examinations for Associate Membership…

As well as meeting all of the stated academic and practical experience conditions for ***Associate*** membership, and having attained twenty-one (21) years of age, every applicant must satisfy the ***A.H.A.'s*** Examiners that he has attained at least the specified minimum level of competency and profic-iency through his performance in a series of oral and practical examinations.

Regardless of whether he is a Government-registered Health-Care professional (Osteopath, Physiotherapist, Medical Practitioner, Dentist, Pharmacist, Psychologist, Chiropractor, Nurse, etc.), a "theologically trained individual", or not, every applicant for ***Associate*** membership will be examined in precisely the same way, with precisely the same set of exam-inations and be scrutinized against precisely the same set of competency and proficiency standards (as described in ***Sections D.1.*** to ***D.7.***).

As part of the regular appraisal procedure, unless the Executive has specifically and explicitly directed otherwise in a particular case, every candidate for ***Associate Membership*** will be required to attend a personal interview with the Executive (or their designated representatives), at a time to be specified, in the capital city of the applicant's home State.

In this interview the candidate will need to be able to satisfy the Executive that he is an appropriate person to be admitted to ***Associate Membership***.

The Executive's recommendation will be final.

Furthermore, for the candidate to be admitted to ***Associate Membership*** of the ***A.H.A.***, the Executive must be thoroughly satisfied that he is in all respects likely to be accepted without reservation by the members of the ***Australian Hypnotherapists' Association***.

All tests, appraisals and examinations for admission to membership as an ***Associate Member*** of the ***Australian Hypnotherapists' Association*** will be conducted in the English language.

Admission to membership as an ***Associate Member*** is awarded on the specific recommendation of the Examiners (or their designated represent-atives) who will interview the applicant, at a time to be specified, in the capital city of the applicant's home State.

The Examiners' recommendation will be final.

N.B.: Except where the Executive has otherwise specified, any candidate who fails in his examination(s) is not permitted to apply for re-examination until at least twelve (12) months has elapsed since notification of that failure.

In the case of a rejected application, neither the ***A.H.A.*** nor its Examiners are ***obligated***, ***obliged*** or ***required*** to provide rejected applicants with advice in respect of any additional data, skills, knowledge, procedures, etc., he must acquire, or any remedial training he might require (other than, perhaps, recommending comprehensive retraining "from the ground up") to allow him to become an acceptable standard.

E.5. Requirements for Raising Membership Status from "Student" to "Associate Member"…

In addition to having met all the specified academic and practical experience conditions, every ***Student Member*** who applies to have his membership status raised to that of ***Associate Member*** must also satisfy the ***A.H.A.'s*** Examiners that he has attained at least the specified minimum level of competency and proficiency (as described in ***Sections D.1.*** to ***D.7.***).

N.B.: If a Student Member is applying to have his membership status raised to that of Associate Member within twenty-four (24) months of his acceptance as a Student Member, the "specified minimum level of competency and proficiency" in his case will be the academic, competency and proficiency, and practical requirements that were specified for entry as an Associate Member at the time of his successful application for Student membership.

This is to be demonstrated by his performance in a series of oral, written and practical examinations set by the Examiners.

Regardless of whether he is a Government-registered Health-Care professional (Osteopath, Physiotherapist, Medical Practitioner, Dentist, Pharmacist, Psychologist, Chiropractor, Nurse, etc.), a "theologically trained individual", or not, every ***Student Member*** who applies to have his membership status raised to that of ***Associate Member*** will be examined in precisely the same way, with precisely the same set of examinations and be scrutinized against precisely the same set of competency and proficiency standards.

All tests, appraisals and examinations for raising a ***Student Member's*** status to that of ***Associate Member*** will be conducted in the English language.

The change of membership status from that of ***Student Member*** to that of ***Associate Member*** is awarded on the specific recommendation of the Examiners (or their designated representatives) who will interview the applicant, at a time to be specified, in the capital city of the applicant's home State.

The Examiners' recommendation will be final.

> *N.B.: Except where the Executive has otherwise specified, any candidate who fails in his examination(s) is not permitted to apply for re-examination until at least twelve (12) months has elapsed since notification of that failure.*

Once again, in the case of a rejected application, neither the ***A.H.A.*** nor its Examiners are ***obligated***, ***obliged*** or ***required*** to provide a rejected applicant with any sort of advice in respect of any additional data, skills, knowledge, procedures, etc., he must acquire, or any remedial training he might require to allow him to raise his status from that of an ***Associate Member*** to that of a ***Clinical Member***.

E.6. "Associate Membership" is not an Automatic Entitlement…

Associate Membership of the ***A.H.A.*** is not something that is just ***automatically*** bestowed upon an individual simply by virtue of the fact that he is currently engaged in a course of hypnotherapeutic studies and is able to meet the stated academic and practical experience conditions for ***Associate Membership*** (as described in ***Sections D.1.*** to ***D.7.***).

Associate Membership is something that is awarded entirely at the discretion of the Executive of the ***Australian Hypnotherapists' Association***.

In exercising this discretion, the Executive of the ***A.H.A.*** may refuse to accept any application for membership from any individual and/or may refuse to admit any applicant to membership without it being required to provide any reason or explanation for its actions.

> *N.B. Unless the Executive directs otherwise in a particular case, all members are on probation for the first twelve (12) months of their Associate Membership.*

E.7. Description of a Suitable Candidate for Associate Membership…

Regardless of his level of hypnotherapeutic and non-hypnotherapeutic knowledge and clinical experience, no person will be accepted as an ***Associate Member*** of the ***A.H.A.*** unless the Executive is completely satisfied that:

1. He has attained at least twenty-one (21) years of age (see ***Section E.1***).

2. He is of good character, of good reputation, and is able to maintain high ideals of ethical professional conduct.

3. He is in all respects likely to be accepted without reservation by the members of the ***Australian Hypnotherapists' Association***.

4. He has agreed to be bound by the ***Australian Hypnotherapists' Association's*** Code of Professional Ethics in his hypnotherapeutic practice.

5. (Regardless of whether he is a Government-registered Health-Care professional, a "theologically trained person", or not), he has been recently psychologically appraised by an independent clinical psychologist; and ***that*** appraisal has indicated that he is a fit and proper person to practise hypnotherapy.

6. His fitness to efficiently practise as a professional hypnotherapist is not impaired in any way by reason of infirmity, illness, or injury.

7. (From Hippocrates' aphorism, "*Practise two things in your dealings with disease: either help or do not harm the patient*") the applicant, irrespective of his level of hypnotherapeutic skills, will cause no harm.

8. He is aware of how to deal with both spontaneous regression and abreaction.

9. He is well aware of the clinical limitations of hypnotherapy in general; and all the circumstances that contraindicate the use of hypnotherapy.

10. He is well aware of his current limitations as a clinical hypnotherapist.

11. (Taking special notice of these current limitations as a clinical hypnotherapist) he has the capacity to identify hypnotherapeutic solutions to clients' problems, and can independently plan, design and formulate an effective course of hypnotherapeutic treatment.

12. He understands when to refer a client to another therapist, and he knows how to go about that referral process in a professional and productive way.

13. He has both the capacity and the intention to undertake appropriate on-going self-directed study and professional development.

14. He has the capacity and intention to independently pursue the individual mastery of a wide range of hypnotherapeutic knowledge and skills.

15. He has the capacity and intention of reaching the competency and proficiency levels required of ***Clinical Members*** in no more than five (5) years from making his application for ***Associate*** membership.

16. He is working towards becoming a "full-time", professional clinical hypnotherapist (viz. that his ***major occupation*** will be ***Clinical Hypno-therapist*** and that his ***principal modality*** within that occupation will be ***hypnotherapy***), and the Executive is satisfied that, if he has not already done so, he intends to commence work as a "full-time", professional clinical hypnotherapist no more than three (3) years from making his application for ***Associate*** membership.

17. He is currently maintaining (or currently has access to) and is currently using an adequate professional library.

18. He has agreed to undertake at least 20 hours of appropriate Continuing Professional Education each year.

E.8. The Australian Hypnotherapists' Association Entry Criteria for Membership as an "Associate Member" (as at 1 January, 1996)…

The conditions for admission to ***Associate*** membership of the ***A.H.A.*** currently require that every applicant must have:

1. Attained at least twenty-one (21) years of age (see ***Section E.1***).

2. Satisfied the ***A.H.A.*** Executive that he is of good fame, reputation and character.

3. Agreed to be bound by the ***Australian Hypnotherapists' Association's*** Code of Professional Ethics in his hypnotherapeutic practice.

4. Had his psychological fitness to practise as a hypnotherapist examined and attested.

5. Satisfied the ***A.H.A.*** Executive that his fitness to efficiently practise as a professional hypnotherapist is not impaired in any way by reason of infirmity, illness, or injury.

6. Not yet become eligible to apply for having his membership status raised to that of ***Clinical Member***.

7. Satisfied the ***A.H.A.*** Executive that he intends to commence work as a "full-time", professional clinical hypnotherapist (viz. that his ***major occupation*** will be ***Clinical Hypnotherapist*** and that his ***principal modality*** within that occupation will be ***hypnotherapy***) within a maximum of three (3) years of applying for ***Associate*** membership.

8. Had the ***equivalent*** of at least 100 hours of "***one-class-weekly***" formal training in clinical hypnotherapy prior to lodging his application (see ***Section D.6.***).

9. Had the equivalent of at least 12 hours of "***one-class-weekly***" formal training in a number of specified areas of general knowledge prior to lodging his application (see ***Section D.6.***).

10. Demonstrated to the ***A.H.A.'s*** Examiners, through his performance in a series of oral and practical examinations, that he has attained at least the specified minimum level of competency and proficiency for ***Associate Members*** (as described in ***Sections D.1.*** to ***D.7.***).

11. (When lodging his application) agreed that, in the event of his application being rejected, neither the ***A.H.A.*** nor its Examiners are in any way ***obligated***, ***obliged*** or ***required*** to provide any sort of advice in respect of any additional data, skills, knowledge, procedures, etc., he must acquire, or any remedial training he might require to allow him to become an acceptable standard (see ***Section E.3.c.***).

12. (When lodging his application) acknowledged that the Executive of the ***A.H.A.*** may refuse to accept his application for membership or may refuse to admit him to membership without it being required to provide any reason or explanation for its actions (see ***Section E.3.c.***).

13. Agreed to attend all General Meetings of the ***A.H.A.*** for the duration of his ***Associate*** Membership, and has accepted that any failure to attend such General Meetings (unless he has been specifically excused from such attendance by the Executive) may incur the immediate cancellation of his ***Associate*** Membership.

14. Undertaken to acquire the specified academic, competency and proficiency, and practical requirements for ***Clinical Members*** within a maximum of five (5) years from his acceptance as an ***Associate Member***.

N.B. in these cases, the academic, competency and proficiency, and practical requirements will be those specified for Clinical Members at the time of his successful application for Associate membership.

15. Provided the Executive with a detailed outline of the specific programme of study that he intends to follow in order to meet the specified conditions for ***Clinical Membership*** within the ensuing five (5) years.

16. (Unless the Executive has specifically and explicitly directed other-wise) agreed to undertake at least 20 hours of appropriate Continuing Professional Education each year.

17. Satisfied the current ***A.H.A.*** specifications with respect to having ***Malpractice Liability Insurance*** that specifically covers his delivery of hypnosis and hypnotherapy.

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F. The Australian Hypnotherapists' Association's Performance, Competence and Proficiency Criteria for Eligibility for Admission as a "Student Member"

F.1. The "Student Member" Category of Membership…

The purpose of this membership category is to serve the interests of those who fully intend to become an ***Associate Member*** of the ***A.H.A.***, and who are currently engaged in a programme of study that will ultimately enable them to acquire all of the stated academic and practical experience conditions required for ***Associate*** membership (and, ultimately, those required for ***Clinical*** membership).

F.2. Minimum Age Requirement for Admission as a "Student Member"…

Every applicant for admission as a ***Student Member*** must have attained at least twenty-one (21) years of age at the time of lodging his application.

> *N.B. Although, in exceptional circumstances, the Executive of the A.H.A. may be prepared to consider an application for Student Membership from an otherwise suitably qualified candidate who has not yet attained twenty-one (21) years of age, no application can be accepted under any circumstances from an individual who has not yet attained eighteen (18) years of age.*

F.3. Maximum Duration of "Student Membership"…

The maximum time that any individual can hold ***Student Member*** status is twenty-four (24) months.

F.4. All Applications for Admission as a "Student Member" must be Complete…

No application for admission as a ***Student Member*** will be considered to be lodged (and, consequently, it will not be administratively processed in any way) unless it is a ***complete*** application; viz., that it:

a. has been made in the ***form*** and the ***manner*** that has been prescribed by the Executive;

b. supplies all the information that is required by the Executive;

c. includes all the undertakings in relation to future conduct that are required by the Executive;

d. provides all the prescribed documentation and/or any other supporting evidence that might be demanded by the Executive; and

e. is accompanied by payment of all the prescribed charges and fees.

N.B. Without exception, in the case of every application for admission as a Student Member the ***onus probandi*** *("burden of proof") shall always lie on the applicant.*

Consequently, the applicant will always be obligated to substantiate each and every one of his statements, assertions and claims when and if he is required to do so by the Executive.

F.5. Examinations for "Student" Membership…

Although, in exceptional circumstances, the Executive of the ***A.H.A.*** may decide to exercise its right to examine a candidate for ***Student Membership***, examinations are not normally a routine part of the formal application process for ***Student Membership***.

However, in the event of the Executive deciding to examine a particular applicant, regardless of whether he is a Government-registered Health-Care professional (Osteopath, Physiotherapist, Medical Practitioner, Dentist, Pharmacist, Psychologist, Chiropractor, Nurse, etc.), a "theo-logically trained individual", or not, each applicant for ***Student Member-ship*** will be examined in precisely the same way, with precisely the same set of examinations and be scrutinized against precisely the same set of competency and proficiency standards.

As part of the regular appraisal procedure, unless the Executive has specifically and explicitly directed otherwise in a particular case, every candidate for ***Student Membership*** will be required to attend a personal interview with the Executive (or their designated representatives), at a time to be specified, in the capital city of the applicant's home State.

In this interview the candidate will need to satisfy the Executive that he is an appropriate person to be admitted to ***Student Membership***.

The Executive's recommendation will be final.

Furthermore, for the candidate to be admitted to ***Student Membership*** of the ***A.H.A.***, the Executive must be thoroughly satisfied that he is in all respects likely to be accepted without reservation by the members of the ***Australian Hypnotherapists' Association***.

All tests, appraisals and/or examinations for admission to membership as a ***Student Member*** of the ***A.H.A.*** will be conducted in the English language.

F.6. "Student Membership" is not an Automatic Entitlement…

Student Membership of the ***A.H.A.*** is not something that is just ***automatically*** bestowed upon an individual simply by virtue of the fact that he is currently engaged in an appropriate course of hypnotherapeutic studies.

Student Membership is something that is awarded entirely at the discretion of the Executive of the ***Australian Hypnotherapists' Association***.

In exercising this discretion, the Executive of the ***A.H.A.*** may refuse to accept any application for membership from any individual and/or may refuse to admit any applicant to membership without it being required to provide any reason or explanation for its actions.

> *N.B. Unless the Executive directs otherwise in a particular case, all members are on probation for the first twelve (12) months of their Student Membership.*

F.7. Description of a Suitable Candidate for Student Membership…

Regardless of his level of hypnotherapeutic and non-hypnotherapeutic knowledge and clinical experience, no person will be accepted as a ***Student Member*** of the ***A.H.A.*** unless the Executive is completely satisfied that:

1. He has attained at least twenty-one (21) years of age (see ***Section F.2***).

2. He is of good character, of good reputation, and is able to maintain high ideals of ethical professional conduct.

3. He is in all respects likely to be accepted without reservation by the members of the ***Australian Hypnotherapists' Association***.

4. He has agreed to be bound by the ***Australian Hypnotherapists' Association's*** Code of Professional Ethics.

5. (Regardless of whether a Government-registered Health-Care professional, a "theologically trained person", or not), he has been recently psychologically appraised by an independent clinical psychologist; and ***that*** appraisal has indicated that he is a fit and proper person to practise hypnotherapy.

6. His fitness to efficiently practise as a professional hypnotherapist is not impaired in any way by reason of infirmity, illness, or injury.

7. (From Hippocrates' aphorism, "*Practise two things in your dealings with disease: either help or do not harm the patient*") the applicant, irrespective of his level of hypnotherapeutic skills, will cause no harm.

8. He has both the capacity and the intention to undertake appropriate on-going self-directed study and professional development in addition to his current formal hypnotherapeutic studies.

9. He has the capacity and the intention to independently pursue the individual mastery of a wide range of hypnotherapeutic knowledge and skills.

10. He has the capacity and intention of reaching the competency and proficiency levels required of ***Associate Members*** in no more than twenty-four (24) months from making his application for ***Student*** membership.

11. He has provided the Executive with a detailed outline of the specific programme of study that he intends to follow in order to meet the specified conditions for ***Associate Membership*** within the ensuing twenty-four (24) months.

F.8. The Australian Hypnotherapists' Association Student Membership Entry Criteria as at 1 January, 1996)…

The conditions for admission to ***Student*** membership of the ***A.H.A.*** currently require that all applicants must have:

1. Attained at least twenty-one (21) years of age (see ***Section F.2***).

2. Satisfied the Executive of the ***Australian Hypnotherapists' Association*** that he is of good fame, reputation and character.

3. Thoroughly satisfied the Executive that he is in all respects likely to be accepted without reservation by the members of the ***A.H.A.***.

4. Agreed to be bound by the ***A.H.A.'s*** Code of Professional Ethics.

5. Had his psychological fitness to practise as a hypnotherapist examined and attested.

6. Produced evidence in whatever form the Executive may have required in his case that satisfied the Executive of the ***A.H.A.*** that his fitness to efficiently practise as a professional hypnotherapist is not impaired in any way by reason of infirmity, illness, or injury.

7. Not yet become eligible to apply for having his membership status raised to that of ***Associate Member***.

8. Produced evidence (including a detailed outline of his specific programme of study) in whatever form the Executive may have required in his case that satisfied the Executive of the ***A.H.A.*** that he is currently engaged in a programme of hypnotherapeutic studies that will enable him to meet the specified conditions for ***Associate Membership*** within the ensuing twenty-four (24) months.

9. Produced evidence in whatever form the Executive may have required in his case that satisfied the Executive of the ***A.H.A.*** that he is currently being adequately supervised by his training institution (or his "master", if an "apprentice") in the process of his hypnotherapeutic studies.

10. (When lodging his application) agreed that, in the event of his application being rejected, neither the ***A.H.A.*** nor its Examiners are in any way ***obligated***, ***obliged*** or ***required*** to provide any sort of advice in respect of any additional data, skills, knowledge, procedures, etc., he must acquire, or any remedial training he might require to allow him to become an acceptable standard (see ***Section F.4.c.***).

11. (When lodging his application) acknowledged that the Executive of the ***A.H.A.*** may refuse to accept his application for membership or may refuse to admit him to membership without it being required to provide any reason or explanation for its actions (see ***Section F.4.c.***).

12. Agreed to attend all General Meetings of the ***A.H.A.*** for the duration of his ***Student*** Membership, and has accepted that any failure to attend such General Meetings (unless he has been specifically excused from such attendance by the Executive) may incur the immediate cancellation of his ***Student*** Membership.

13. Satisfied the current ***A.H.A.*** specifications with respect to having ***Malpractice Liability Insurance*** that specifically covers his delivery of hypnosis and hypnotherapy.

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G. The Australian Hypnotherapists' Association Accreditation System

G.1. Institution of the Accreditation System on 1 January, 1996…

As well as fixing and establishing the objective proficiency, competency and performance criteria required for admission to membership of the Association as a ***Clinical Member***, the ***A.H.A.*** has also instituted an accreditation system — which is based on those very same proficiency, competency and performance criteria — that offers a regulated group of trustworthy, ethical, competent, suitably qualified and appropriately experienced clinical hypnotherapists to the general Australian community, health-care system and private health insurance funds.

This accreditation system commences its operation on 1 January, 1996.

G.2. Admission to Clinical Membership of the A.H.A. is Contingent upon Accreditation (as from 1 January, 1996)…

As from 1 January, 1996, admission to the ***A.H.A.*** as a ***Clinical Member*** will be contingent upon the particular individual applicant being awarded accreditation by the Executive of the ***A.H.A.***.

G.3. Criteria for A.H.A. Accreditation…

The proficiency, competency and performance criteria that are required for the award of accreditation will always be the ***proficiency, competency and performance standards which prevail for entry to membership as a Clinical Member at the time of the application for accreditation*** (as described in ***Sections B.1.*** to ***B.8.***).

There is only one level of accreditation.

Accreditation will always be awarded to a specific individual, on the basis of his ***demonstrated professional competency*** (rather his ***academic excellence***): that is, on the basis of:

a. his specific character,

b. the range, scope and level of excellence of his clinical performance,

c. his attainment of the ***prescribed level of competence*** in certain designated areas,

d. his ability to demonstrate that he ***is not incompetent*** in other important designated areas, and

e. his demonstrated hypnotherapeutic knowledge.

G.4. Minimum Age Requirement for Accreditation…

Every applicant for accreditation must have attained at least twenty-one (21) years of age at the time of lodging his application.

N.B. Although, in exceptional circumstances, the Executive of the A.H.A. may be prepared to consider an application for accreditation from an other-wise suitably qualified candidate who has not yet attained twenty-one (21) years of age, no application can be accepted under any circumstances from an individual who has not yet attained eighteen (18) years of age.

G.5. All Applications for Accreditation must be Complete…

No application for accreditation will be considered to be lodged (and, consequently, it will not be administratively processed in any way) unless it is a ***complete*** application; viz., that it:

a. has been made in the ***form*** and the ***manner*** that has been prescribed by the Executive;

b. supplies all the information that is required by the Executive;

c. includes all the undertakings in relation to future conduct that are required by the Executive;

d. provides all the prescribed documentation and/or any other supporting evidence that might be demanded by the Executive; and

e. is accompanied by payment of all the prescribed charges and fees.

*N.B. Without exception, in the case of every application for accreditation the **onus probandi** ("burden of proof") shall always lie on the applicant.*

Consequently, the applicant will always be obligated to substantiate each and every one of his statements, assertions and claims when and if he is required to do so by the Executive.

G.6. Duration of Australian Hypnotherapists' Association Accreditation…

Whenever it is granted, accreditation will be for one "accreditation year" only; and the "accreditation year" is the same as a "calendar year" (viz. 1 January to 31 December).

> *N.B. Those "accredited hypnotherapists" who allow their accreditation to lapse (other than for extenuating circumstances) will have their accreditation automatically cancelled.*

G.7. Examinations for the Award of Accreditation…

In addition to having met all of the specified academic and practical experience conditions, having attained twenty-one (21) years of age, and having satisfied the Executive that he is a "full-time" hypnotherapist (viz. that his ***major occupation*** is ***Clinical Hypnotherapist*** and that his ***principal modality*** within that occupation is ***hypnotherapy***), every applicant for accreditation must also satisfy the ***A.H.A.'s*** Examiners that he has attained at least the specified minimum level of competency and proficiency (as described in ***Sections B.1.*** to ***B.8.***).

This is demonstrated by his performance in a series of oral, written and practical examinations that have been set by the Examiners.

As a routine part of the examination process, each applicant is also required to present two different case studies (in the form specified by the Examiners) that have been taken from his actual clinical practice, and must be able to discuss and/or demonstrate such aspects of those case studies that the Examiners might from time to time require.

Regardless of whether he is a Government-registered Health-Care professional (Osteopath, Physiotherapist, Medical Practitioner, Dentist, Pharmacist, Psychologist, Chiropractor, Nurse, etc.), a "theologically trained individual", or not, every applicant for ***accreditation*** will be examined in precisely the same way, with precisely the same set of examinations and be scrutinized against precisely the same set of competency and proficiency standards.

As part of the regular appraisal procedure, unless the Executive has specifically and explicitly directed otherwise in a particular case, every candidate for ***accreditation*** will be required to attend a personal interview with the Executive (or their designated representatives), at a time to be specified, in the capital city of the applicant's home State.

In this interview the candidate will need to be able to satisfy the Executive that he is an appropriate person to be awarded ***accreditation***.

The Executive's recommendation will be final.

Furthermore, for the candidate to be ***accredited*** by the ***A.H.A.***, the Executive must be thoroughly satisfied that he is in all respects likely to be accepted without reservation by the members of the ***Australian Hypnotherapists' Association***.

All tests, appraisals and examinations for the award of ***accreditation*** by the ***A.H.A.*** will be conducted in the English language.

Accreditation is awarded on the specific recommendation of the Examiners (or their designated representatives) who will interview the applicant, at a time to be specified, in the capital city of the applicant's home State.
The Examiners' recommendation will be final.

> *N.B.: Except where the Executive has otherwise specified, any candidate who fails in his examination(s) is not permitted to apply for re-examination until at least twelve (12) months has elapsed since notification of that failure.*

In the case of a rejected application, neither the ***A.H.A.*** nor its Examiners are ***obligated***, ***obliged*** or ***required*** to provide a rejected applicant with any sort of advice in respect of any additional data, skills, knowledge, proced-ures, etc., he must acquire, or any remedial training he might require (other than, perhaps, recommending that he needs comprehensive retraining "from the ground up") to allow him to become an acceptable standard.

G.8. Requirements for the Award of Accreditation for those Raising their Membership Status from "Associate" to "Clinical Member"…

In addition to meeting all the specified academic and practical experience conditions, having attained twenty-one (21) years of age, and having satisfied the Executive that he is a "full-time" hypnotherapist (viz. that his ***major occupation*** is ***Clinical Hypnotherapist*** and that his ***principal modality*** within that occupation is ***hypnotherapy***), every ***Associate Member*** who applies for ***accreditation*** (and, implicitly, applies to have his status raised from that of ***Associate Member*** to that of ***Clinical Member***), must also satisfy the ***A.H.A.'s*** Examiners that he has attained at least the specified minimum level of competency and proficiency (as described in ***Sections B.1.*** to ***B.8.***).

However, all "upgrade" applicants should note that, in the particular case where an ***Associate Member*** has applied for ***accreditation*** within five (5) years of his acceptance as an ***Associate Member***, the "specified minimum level of competency and proficiency" in his case will be the academic, competency and proficiency, and practical requirements that were specified for entry as a ***Clinical Member*** at the time of his successful application for ***Associate*** membership.

G.9. "Accreditation" and/or "Re-accreditation" is not an Automatic Entitlement…

Accreditation (or re-accreditation) by the ***A.H.A.*** is not something that is just ***automatically*** bestowed upon an individual simply by virtue of the fact that he meets the stated academic and practical experience conditions for ***Clinical Membership*** (as described in ***Sections B.1.*** to ***B.8.***).

Accreditation (or re-accreditation) is something that is awarded entirely at the discretion of the Executive of the ***A.H.A.***.

In exercising this discretion, the Executive of the ***A.H.A.*** may refuse to accept any application for accreditation (or re-accreditation) from any individual and/or may refuse to accredit (or re-accredit) any applicant without it being required to provide any reason or explanation for its actions.

N.B. Unless the Executive directs otherwise in a particular case, all those accredited by the Executive are on probation for the first twelve (12) months of their accreditation.

G.10. Description of a Suitable Candidate for the Award of Accreditation…

Regardless of his level of hypnotherapeutic and non-hypnotherapeutic knowledge and clinical experience, no applicant will be ***accredited*** by the ***A.H.A.*** unless the Executive is completely satisfied that:

1. He has attained at least twenty-one (21) years of age (see ***Section G.4***).

2. He is of good character, of good reputation, and is able to maintain high ideals of ethical professional conduct.

3. He is in all respects likely to be accepted without reservation by the members of the ***Australian Hypnotherapists' Association***.

4. He has agreed to be bound by the ***Australian Hypnotherapists' Association's*** Code of Professional Ethics in his hypnotherapeutic practice.

5. (Regardless of whether he is a Government-registered Health-Care professional, a "theologically trained person", or not), he has been recently psychologically appraised by an independent clinical psychologist; and ***that*** appraisal has indicated that he is a fit and proper person to practise hypnotherapy.

6. His fitness to efficiently practise as a professional hypnotherapist is not impaired in any way by reason of infirmity, illness, or injury.

7. He is currently a "full-time", professional clinical hypnotherapist (viz. his ***major occupation*** is ***Clinical Hypnotherapist*** and that his ***principal modality*** within that occupation is ***hypnotherapy***); and has been so for at least the preceding two (2) years.

8. (From Hippocrates' aphorism, "*Practise two things in your dealings with disease: either help or do not harm the patient*") the applicant, irrespective of his level of hypnotherapeutic skills, will cause no harm.

9. He is aware of how to deal with both spontaneous regression and abreaction.

10. He is well aware of the clinical limitations of hypnotherapy in general; and all the circumstances that contraindicate the use of hypno-therapy.

11. He is well aware of his current limitations as a clinical hypno-therapist.

12. (Taking special notice of his current limitations as a clinical hypnotherapist) he has the capacity to identify hypnotherapeutic solutions to clients' problems, and can independently plan, design and formulate an effective course of hypnotherapeutic treatment.

13. He understands when to refer a client to another therapist, and he knows how to go about that referral process in a professional and productive way.

14. He has both the capacity and the intention to undertake appropriate on-going self-directed study and professional development.

15. He has the capacity and intention to independently pursue the individual mastery of a wide range of hypnotherapeutic knowledge and skills.

16. He is currently maintaining (or currently has access to) and is currently using an adequate professional library.

17. He has agreed to undertake at least 20 hours of approved "Continuing Professional Education" per annum.

G.11. The Australian Hypnotherapists' Association Criteria for the Award of Accreditation…

The conditions for the award of accreditation by the ***A.H.A.*** currently require that each applicant must have:

1. Attained at least twenty-one (21) years of age (see ***Section G.4***).

2. Satisfied the Executive of the ***Australian Hypnotherapists' Association*** that he is of good fame, reputation and character.

3. Agreed to be bound by the ***Australian Hypnotherapists' Association's*** Code of Professional Ethics in his hypnotherapeutic practice.

4. Had his psychological fitness to practise as a hypnotherapist examined and attested.

5. Satisfied the Executive of the ***Australian Hypnotherapists' Association*** that his fitness to efficiently practise as a professional hypnotherapist is not impaired in any way by reason of infirmity, illness, or injury.

6. Satisfied the Executive of the ***A.H.A.*** that his major current occupation is ***Clinical Hypnotherapist***, that his principal modality within that occupation is ***hypnotherapy***, and that he has been so employed for at least two (2) years immediately prior to lodging his application for acceptance as a ***Clinical Member***.

7. Had at least 1,000 hours of clinical experience as a hypnotherapist prior to lodging his application.

8. Had the ***equivalent*** of at least 400 hours of "***one-class-weekly***" formal training in clinical hypnotherapy prior to lodging his application (see ***Section B.7.***).

9. Had the ***equivalent*** of at least 140 hours of "***one-class-weekly***" formal training in a number of specified areas of general knowledge prior to lodging his application (see ***Section B.7.***).

10. (When lodging his application) agreed that, in the event of his application being rejected, neither the ***A.H.A.*** nor its Examiners are in any way ***obligated***, ***obliged*** or ***required*** to provide any sort of advice in respect of any additional data, skills, knowledge, procedures, etc., he must acquire, or any remedial training he might require to allow him to become an acceptable standard (see ***Section G.5.c.***).

11. (When lodging his application) acknowledged that the Executive of the ***A.H.A.*** may refuse to accept his application for membership or may refuse to admit him to membership without it being required to provide any reason or explanation for its actions (see ***Section G.5.c.***).

12. Demonstrated to the ***A.H.A.'s*** Examiners satisfaction, through his performance in a series of oral, written and practical examinations (including the presentation of two case studies), that he has attained at least the ***A.H.A.'s*** specified minimum level of competency and proficiency (as described in ***Sections B.1.*** to ***B.8.***).

13. Agreed to undertake at least 20 hours of appropriate Continuing Professional Education each year.

14. Satisfied the current ***A.H.A.*** specifications with respect to having ***Malpractice Liability Insurance*** that specifically covers his delivery of hypnosis and hypnotherapy.

G.12. Extraordinary Award of Accreditation to those who have Fellow or Clinical Member status of the Australian Hypno-therapists' Association on 1 January 1996…

Each and every individual who has the membership status of either ***Clinical Member*** (in good standing) or ***Fellow*** (in good standing) of the ***A.H.A.*** on 1 January, 1996 will, ***by an act of administrative process***, be granted full accreditation for the accreditation year 1996.

This "***initial accreditation by an act of administrative process***" type of accreditation (for the accreditation year 1996 only) will be free of any accreditation fee.

> *All other individuals will be required to meet whatever the stated competency and performance criteria for accreditation might be at the time of their application for accreditation before any accreditation can be awarded to them.*

Each of those members who have been awarded this special "***initial accreditation by an act of administrative process***" type of accreditation for 1996 will be required to meet all of the conditions (including payment of the appropriate fees and charges) specified in ***Section I*** (below) on 1 January, 1997 in order to be accredited for the 1997 accreditation year.

Their accreditation will only be renewed for 1997 if they are able to meet all of the Executive's specified on-going accreditation criteria.

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H. Eligibility for Accreditation for those Professional Clinical Hypnotherapists who are not currently Members of the A.H.A.

H.1. Offer of Accreditation to Suitably Qualified Hypno-therapists who are not Currently Members of the A.H.A.…

As indicated in ***Section A.2.***, one of the principal reasons for creating this accreditation system (and, at the same time, one of the principal reasons for establishing and describing the objective proficiency, competency and performance criteria for ***Clinical Membership*** of the ***A.H.A.***) was to institute an ***A.H.A.-based accreditation system*** that also has the capacity to provide Australian professional clinical hypnotherapists with a ***stable mechanism*** for the ***peer group evaluation*** of their ***professional competence***, ***performance*** and ***proficiency***.

This much-needed accreditation system will also provide a very positive means through which the Australian hypnotherapy profession can, for the first time, objectively and systematically recognize the professional competence and proficiency of those hypnotherapists:

1. who, although not currently ***Clinical Members*** of the ***A.H.A.***, are full members in good standing of an ***A.H.A.-approved professional association***,

2. who have acquired (at least) the ***A.H.A.'s*** specified minimum technical, clinical and professional proficiency, competency and performance standards for ***Clinical Membership***, and

3. who are currently conducting an ethical "full-time" hypnotherapy practise.

H.2. Definition of an (A.H.A.)-Approved Professional Association…

For the purposes of this accreditation system, the Executive of the ***A.H.A.*** has defined an "***approved professional association***" as follows:

1. The professional association concerned must be incorporated in Australia.

2. The professional association concerned must have a published ***Code of Ethics***.

3. This ***Code of Ethics*** must cover all aspects of the delivery of hypnosis and hypnotherapy.

4. The applicant's hypnotherapeutic conduct must be bound by that ***Code of Ethics***.

N.B. Without exception, in the case of every application for a particular professional association to be approved for the purposes of accreditation, the ***onus probandi*** *("burden of proof") shall always lie on the applicant.*

Consequently, the applicant will always be obligated to supply whatever information and/or documentation that might be required by the Executive.

H.3. No Application for Accreditation will be Accepted from any Member of an (A.H.A.)-Approved Professional Association whose A.H.A. Membership has previously been Cancelled…

Regardless of his having the "full member in good standing" status of some other ***A.H.A.-approved professional association***, and regardless of his his (otherwise) having the capacity to satisfy the Executive that his ***major occupation*** is ***Clinical Hypnotherapist*** and that his ***principal modality*** within that occupation is ***hypnotherapy***, no application for accreditation will be accepted from any individual who has previously had his ***A.H.A.*** membership cancelled after exhausting all his rights of appeal.

H.4. Accreditation Criteria for those who are Members of an (A.H.A.)-Approved Professional Association…

Accreditation will be made available to those professional clinical hypnotherapists who, although they are not currently members of the ***Australian Hypnotherapists' Association***, ***can*** meet all of the specified pre-requisites for accreditation — including current membership of an ***(A.H.A.)-approved professional association***, and having had at least 1,000 hours' clinical experience — and who ***can*** demonstrate (***per medium*** of the written, oral and practical examinations) that they ***have***, at least, attained the minimum required standard of competency and proficiency (as described in ***Sections B.1.*** to ***B.8.***).

The proficiency, competency and performance criteria required for accreditation will always be the ***proficiency, competency and performance standards which prevail for entry to membership the A.H.A. with the status of Clinical Member at the time of the application for accreditation.***

There is only one level of accreditation, and it will always be awarded to a specific individual, on the basis of his ***professional competency*** (rather his ***academic excellence***): that is, on the basis of:

a. his specific character,

b. the range, scope and level of excellence of his clinical performance,

c. his attainment of the ***prescribed level of competence*** in certain designated areas,

d. his ability to demonstrate that he ***is not incompetent*** in other important designated areas, and

e. his demonstrated hypnotherapeutic knowledge.

H.5. Accreditation is only Available to those Members of an (A.H.A.)-Approved Professional Association who are Practising as "Full-Time" Hypnotherapists….

Accreditation is only offered to those members of ***A.H.A.-approved professional associations*** in good standing who are able to satisfy the Executive of the ***Australian Hypnotherapists' Association*** that their ***major occupation*** is ***Clinical Hypnotherapist*** and that their ***principal modality*** within that occupation is ***hypnotherapy***.

H.6. Minimum Age Requirement for Accreditation for those who are Members of an (A.H.A.)-Approved Professional Association…

Every applicant for accreditation must have attained at least twenty-one (21) years of age at the time of lodging his application.

N.B. Although, in exceptional circumstances, the Executive of the A.H.A. may be prepared to consider an application for accreditation from an other-wise suitably qualified candidate who has not yet attained twenty-one (21) years of age, no application can be accepted under any circumstances from an individual who has not yet attained eighteen (18) years of age.

H.7. All Applications for Accreditation must be Complete…

No application for accreditation will be considered to be lodged (and, therefore, no application will be administratively processed in any way) unless it is a ***complete*** application; viz., that it:

a. has been made in the form and manner that has been prescribed by the Executive;

b. supplies all the information that is required by the Executive;

c. includes all the undertakings in relation to future conduct that are required by the Executive;

d. provides all the prescribed documentation and/or any other supporting evidence that might be demanded by the Executive from time to time in a particular case; and

e. is accompanied by payment of all the prescribed charges and fees.

*N.B. Without exception, in the case of every application for accreditation the **onus probandi** ("burden of proof") shall always lie on the applicant.*

Consequently, the applicant will always be obligated to substantiate each and every one of his statements, assertions and claims when and if he is required to do so by the Executive.

H.8. Examinations for Accreditation for those who are Members of an (A.H.A.)-Approved Professional Association…

In addition to having met all of the specified academic and practical experience conditions, and as well as having attained twenty-one (21) years of age, and currently having "full member in good standing" status of an ***A.H.A.-approved professional association*** (see ***Section H.2***), and having satisfied the Executive that he has had at least 1,000 hours of clinical experience as a hypnotherapist prior to lodging his application, every applicant for accreditation must also satisfy the ***A.H.A.'s*** Examiners that he has attained at least the specified minimum level of competency and proficiency required for accreditation (as described in ***Sections B.1.*** to ***B.8.***).

This is demonstrated by his performance in a series of oral, written and practical examinations that have been set by the Examiners.

As a routine part of this examination process, each applicant is also required to present two different case studies (in the form specified by the Examiners) that have been taken from his actual clinical practice, and must be able to discuss and/or demonstrate such aspects of those case studies that the Examiners might from time to time require.

Regardless of whether he is a Government-registered Health-Care professional (Osteopath, Physiotherapist, Medical Practitioner, Dentist, Pharmacist, Psychologist, Chiropractor, Nurse, etc.), a "theologically trained individual", or not, every applicant for accreditation will be examined in precisely the same way, with precisely the same set of examinations and be scrutinized against precisely the same set of competency and proficiency standards.

As part of the regular appraisal procedure, unless the Executive has specifically and explicitly directed otherwise in a particular case, every candidate for ***accreditation*** will be required to attend a personal interview with the Executive (or their designated representatives), at a time to be specified, in the capital city of the applicant's home State.

In this interview the candidate will need to be able to satisfy the Executive that he is an appropriate person to be accredited by the the ***Australian Hypnotherapists' Association***.

The Executive's recommendation will be final.

Furthermore, for the candidate to be accredited by the ***A.H.A.***, the Executive must be thoroughly satisfied that he is in all respects likely to be accepted without reservation by the members of the ***A.H.A.***.

All tests, appraisals and examinations for accreditation by the ***Australian Hypnotherapists' Association*** will be conducted in the English language.

Accreditation is awarded on the specific recommendation of the Examiners (or their designated representatives) who will interview the applicant, at a time to be specified, in the capital city of the applicant's home State.

The Examiners' recommendation will be final.

> *N.B.: Except where the Executive has otherwise specified, any candidate who fails in his examination(s) is not permitted to apply for re-examination until at least twelve (12) months has elapsed since notification of that failure.*

In the case of a rejected application, neither the ***A.H.A.*** nor its Examiners are ***obligated***, ***obliged*** or ***required*** to provide a rejected applicant with any sort of advice in respect of any additional data, skills, knowledge, proced-ures, etc., he must acquire, or any remedial training he might require (other than, perhaps, recommending that he needs comprehensive retraining "from the ground up") to allow him to become an acceptable standard.

H.9. "Accreditation" and/or "Re-accreditation" is not an Automatic Entitlement…

Accreditation (or re-accreditation) by the ***A.H.A.*** is not something that is just ***automatically*** bestowed upon an individual simply by virtue of the fact that he can meet (or continues to be able to meet) the academic and practical experience conditions that are specified for accreditation at that time.

Accreditation (or re-accreditation) is something that is awarded entirely at the discretion of the Executive of the ***A.H.A.***.

In exercising this discretion, the Executive of the ***A.H.A.*** may refuse to accept any application for accreditation (or re-accreditation) from any individual and/or may refuse to accredit (or re-accredit) any applicant without it being required to provide any reason or explanation for its actions.

N.B. Unless the Executive directs otherwise in a particular case, all those accredited by the Executive are on probation for the first twelve (12) months of their accreditation.

H.10. Duration of A.H.A. Accreditation…

Whenever it is granted, accreditation will be for one "accreditation year" only; and the "accreditation year" will always be the same as a "calendar year" (viz. 1 January to 31 December).

N.B. If the "membership year" of an otherwise qualified applicant's ***(A.H.A.)-approved professional association*** *(or the "insurance year" of his Malpractice Liability Insurance policy's company) covers a different period from the "A.H.A. accreditation year" (say, 1 July to 30 June each year), the Executive may use its discretion to award "pro-rata" accreditation for the period 1 January to the end of that "membership/ insurance year", or it may decide to award conditional accreditation for the entire "accreditation year" (viz., it is "conditional" because it will be immediately cancelled if the applicant's membership/MLI is not continued for any reason).*

H.11. Description of a Suitable (non-A.H.A.) Candidate for A.H.A. Accreditation…

Regardless of his level of hypnotherapeutic and non-hypnotherapeutic knowledge and clinical experience, no applicant will be accredited by the ***A.H.A.*** unless the Executive is completely satisfied that:

1. He has attained at least twenty-one (21) years of age (see ***Section H.6***).

2. He is of good character, of good reputation, and is able to maintain high ideals of ethical professional conduct.

3. He is in all respects likely to be accepted without reservation by the members of the ***Australian Hypnotherapists' Association***.

4. He is currently a "full member in good standing" of an ***A.H.A.-approved professional association*** (see ***Section H.2***)

5. His hypnotherapeutic practice is controlled by an appropriate Code of Professional Ethics.

6. (Regardless of whether he is a Government-registered Health-Care professional, a "theologically trained person", or not), he has been recently psychologically appraised by an independent clinical psychologist; and ***that*** appraisal has indicated that he is a fit and proper person to practise hypnotherapy.

7. He is currently a "full-time", professional clinical hypnotherapist (viz. his ***major occupation*** is ***Clinical Hypnotherapist*** and his ***principal modality*** within that occupation is ***hypnotherapy***); and has been so for at least the preceding two (2) years.

8. His fitness to efficiently practise as a professional hypnotherapist is not impaired in any way by reason of infirmity, illness, or injury.

9. (From Hippocrates' aphorism, "*Practise two things in your dealings with disease: either help or do not harm the patient*") the applicant, irrespective of his level of hypnotherapeutic skills, will cause no harm.

10. He is aware of how to deal with both spontaneous regression and abreaction.

11. He is well aware of the clinical limitations of hypnotherapy in general; and all the circumstances that contraindicate the use of hypno-therapy.

12. He is well aware of his current limitations as a clinical hypnotherapist.

13. (Taking special notice of his current limitations as a clinical hypnotherapist) he has the capacity to identify hypnotherapeutic solutions to clients' problems, and can independently plan, design and formulate an effective course of hypnotherapeutic treatment.

14. He understands when to refer a client to another therapist, and he knows how to go about that referral process in a professional and productive way.

15. He has both the capacity and the intention to undertake appropriate on-going self-directed study and professional development.

16. He has the capacity and intention to independently pursue the individual mastery of a wide range of hypnotherapeutic knowledge and skills.

17. He is currently maintaining (or currently has access to) and is currently using an adequate professional library.

18. He has agreed to undertake at least 20 hours of approved "Continuing Professional Education" per annum.

H.12. Criteria for Accreditation for Candidates who are Members of an (A.H.A.)-Approved Professional Association (as at 1 January, 1996)…

The conditions for accreditation by the ***A.H.A.*** currently require that each of the "non-***A.H.A.*** applicants who are currently members of an ***(A.H.A.)-approved professional association*** must also have:

1. Paid all of the specified dues and/or accreditation fees, and have fully discharged any other outstanding debts to the ***A.H.A.***.

2. Attained at least twenty-one (21) years of age (see ***Section H.6***).

3. Satisfied the Executive of the ***Australian Hypnotherapists' Association*** that he is of good fame, reputation and character.

4. Undertaken to be bound by a suitable Code of Professional Ethics in his hypnotherapeutic practice.

5. Had his psychological fitness to practise as a hypnotherapist examined and attested.

6. Satisfied the Executive of the ***A.H.A.*** that his fitness to efficiently practise as a professional hypnotherapist is not impaired in any way by reason of infirmity, illness, or injury.

7. Satisfied the Executive of the ***A.H.A.*** that his major current occupation is ***Clinical Hypnotherapist***, that his principal modality within that occupation is ***hypnotherapy***, and that he has been so employed for at least two (2) years immediately prior to lodging his application for accreditation.

8. Produced a current Malpractice Liability Insurance policy that verifies that he is carrying MLI that specifically covers his delivery of hypnosis and hypnotherapy for the ensuing accreditation year (see ***Section H.10***).

9. Had at least 1,000 hours of clinical experience as a hypnotherapist prior to lodging his application.

10. Had the ***equivalent*** of at least 400 hours of "***one-class-weekly***" formal training in clinical hypnotherapy prior to lodging his application (see ***Section B.7.***).

11. Had the ***equivalent*** of at least 140 hours of "***one-class-weekly***" formal training in a number of specified areas of general knowledge prior to lodging his application (see ***Section B.7.***).

12. (When lodging his application) agreed that, in the event of his application being rejected, neither the ***A.H.A.*** nor its Examiners are in any way ***obligated***, ***obliged*** or ***required*** to provide any sort of advice in respect of any additional data, skills, knowledge, procedures, etc., he must acquire, or any remedial training he might require to allow him to become an acceptable standard (see ***Section H.7.c.***).

13. (When lodging his application) acknowledged that the Executive of the ***A.H.A.*** may refuse to accept his application for membership or may refuse to admit him to membership without it being required to provide any reason or explanation for its actions (see ***Section H.7.c.***).

14. Demonstrated to the Examiners' satisfaction, through his performance in a series of oral, written and practical examinations (including the presentation of two case studies), that he has attained at least the ***A.H.A.'s*** specified minimum level of competency and proficiency that is required for ***Clinical*** membership (as described in ***Sections B.1.*** to ***B.8.***).

15. Agreed to undertake at least 20 hours of appropriate Continuing Professional Education each year.

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I. Criteria for the Annual Renewal of Accreditation and Membership as "Fellow" or "Clinical Member"

I.1. The Criteria for the Annual Renewal of Accreditation and the Annual Renewal of Membership (as either a "Fellow" or "Clinical Member")…

1. The A.H.A. "***Fellow/Clinical Member*** membership year" and the A.H.A. "accreditation year" are precisely the same as the "calendar year" (viz. 1 January to 31 December).

2. A.H.A. membership in ***Clinical Member*** and ***Fellow*** categories is now contingent upon accreditation. Thus, no application for annual renewal of membership will be accepted from any ***Fellow*** or ***Clinical Member*** who has not been accredited by the Executive of the ***A.H.A.*** for the ensuing year.

3. (Except for extenuating circumstances, and except when the Executive has specifically directed otherwise) no application for re-accreditation will be accepted from any individual who did not have either ***Fellow*** or ***Clinical Member*** status (in good standing) on 31 December of the immediately preceding year.

4. (Except for extenuating circumstances, and except when the Executive has specifically directed otherwise) no application for re-accreditation will be accepted and/or administratively processed until all of the specified dues, renewal and/or re-accreditation fees for the ensuing year have been paid in full.

5. (Except for extenuating circumstances, and except when the Executive has specifically directed otherwise) no application for the renewal of annual membership will be accepted and/or administratively processed until all of the specified dues, renewal and/or re-accreditation fees for the ensuing year have been paid in full.

6. No application for either re-accreditation or the renewal of annual membership will be accepted unless it has been made in the ***form*** and the ***manner*** that has been prescribed by the Executive.

7. The applicant must have satisfied the Continuing Professional Education requirements that were specified by the ***A.H.A.*** Executive for the preceding year, and have agreed to undertake at least twenty (20) hours of appropriate Continuing Professional Education in the ensuing year.

8. The applicant must be able to satisfy the Executive of the ***A.H.A.*** that he is currently maintaining (or has access to) and is currently using an adequate professional library.

9. The applicant must be able to demonstrate that he has satisfied the stated Malpractice Liability Insurance requirements of the ***A.H.A.*** Executive for the ensuing year.

10. The applicant must be able to demonstrate that he intends to continue to satisfy the current, stated "full-employment" requirements of the ***A.H.A.*** Executive for the ensuing year.

11. The applicant must be able to satisfy the ***A.H.A.*** Executive that his fitness to efficiently practise as a professional hypnotherapist is not impaired in any way by reason of infirmity, illness, or injury.

12. ***Only*** those "***Life Members***" who pay the set accreditation fee for the ensuing year, and who:

a. have satisfied the Executive's specified Continuing Professional Education requirements for the preceding year,

b. have satisfied the Executive's specified Malpractice Liability Insurance requirements for the ensuing year, and

c. are able to satisfy the Executive's specified "full-employment" requirements for the ensuing year,

will be re-accredited.

13. In applying for renewal of membership and for re-accreditation, the applicant agrees that, in the event of his being granted leave of absence from the ***A.H.A.*** for a specified period of time, his membership and accreditation will be suspended until he returns. Provided he returns within the agreed time, both his membership and accreditation will be reinstated.

14. In renewing his membership and accreditation, the applicant implicitly agrees that, if his ***A.H.A.*** membership status is suspended for disciplinary reasons, his accreditation will ***ipso facto*** be automatically and immediately suspended until his membership has been reinstated.

15. In renewing his membership and his accreditation, the applicant implicitly agrees that, if his ***A.H.A.*** membership status is reduced for disciplinary reasons, and in the event of that reduced membership status not attracting accreditation, his accreditation will immediately lapse.

16. Irrespective of the status and/or duration of his ***A.H.A.*** membership, the ***membership*** of any person who has not paid all outstanding dues, membership fees, accreditation fees and any other past debts to the ***A.H.A.*** by 31 December of any given year (or who fails to comply with the terms of a "mutually-agreed-upon-payment-by-instalment-plan") will be cancelled.

17. In the event of his membership being cancelled on the grounds of non-payment of dues, membership fees and/or accreditation fees (or a failure to comply with the terms of a "mutually-agreed-upon-payment-by-instalment-plan"), any future application for ***A.H.A.*** membership will only be consider-ed if an applicant is able to demonstrate that he has the capacity to meet the ***A.H.A.'s*** specific performance, competence and proficiency criteria for membership that apply to that specific membership category on the day of his new application.

18. In the event of his membership being cancelled on the grounds of non-payment of a debt to the ***A.H.A.***, all of the debts must be fully discharged prior to lodging any new application. And, if this is the case, even though all of his past debts may have been completely discharged, any future application for ***A.H.A.*** membership will only be considered if the applicant is able to demonstrate that he has the capacity to meet the ***A.H.A.s*** specific performance, competence and proficiency criteria for membership that apply to that specific membership category on the day of his new application.

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J. Criteria for the Annual Renewal of "Associate" Membership

J.1. The Criteria for the Annual Renewal of "Associate" Membership…

1. The A.H.A. "***Associate Member*** membership year" is the same as the "calendar year" (viz. 1 January to 31 December).

2. No application for the renewal of ***Associate Membership*** of the ***A.H.A.*** will be accepted from any individual who did not have ***Associate Member*** status (in good standing) on 31 December of the immediately preceding year.

3. The applicant must not yet be eligible to apply for ***Clinical Membership***.

4. No application for the renewal of annual membership will be accepted and/or administratively processed until all of the specified dues and/or renewal fees for the ensuing year have been paid in full.

5. No application for the renewal of annual membership will be accepted unless it has been made in the ***form*** and the ***manner*** that has been prescribed by the Executive.

6. (Unless otherwise excused by the Executive) the applicant must have attended all General Meetings of the ***A.H.A.*** for the preceding year, and must have agreed to continue to do so throughout the ensuing year.

7. The applicant must have satisfied the Continuing Professional Education requirements that were specified by the ***A.H.A.*** Executive for the preceding year; and, unless the Executive has specifically and explicitly directed otherwise, agreed to undertake at least twenty (20) hours of appropriate Continuing Professional Education in the ensuing year.

8. The applicant must be able to satisfy the ***A.H.A.*** Executive that he is currently maintaining (or has access to) and is currently using an adequate professional library.

9. If the applicant has the intention of working either "full-time" or "part-time" as a clinical hypnotherapist during the ensuing year, he must be able to demonstrate that he has satisfied the stated Malpractice Liability Insurance requirements of the ***A.H.A.*** Executive for the ensuing year.

10. The applicant must be able to satisfy the ***A.H.A.*** Executive that his fitness to efficiently practise as a professional hypnotherapist is not impaired in any way by reason of infirmity, illness, or injury.

11. The applicant must be continuing to work towards gaining the specified academic, employment and practical requirements for ***Clinical Membership***. In support of his claim, he will be required to furnish whatever report the Executive may require on his studies and progress in the preceding year, as well as providing a detailed outline of the specific programme of study he intends to follow in the ensuing year.

12. In applying for renewal of membership, the applicant agrees that, in the event of his being granted leave of absence from the ***A.H.A.*** for a specified period of time that is less than twelve (12) months, his member-ship will be suspended until he returns. Provided he returns within the agreed time, his membership will be reinstated.

13. Irrespective of the status and/or duration of his ***A.H.A.*** membership, the ***membership*** of any person who has not paid all outstanding dues, membership fees and any other past debts to the ***A.H.A.*** by 31 December of any given year (or who fails to comply with the terms of a "mutually-agreed-upon-payment-by-instalment-plan") will be cancelled.

14. In the event of his membership being cancelled on the grounds of non-payment of dues and/or membership fees (or a failure to comply with the terms of a "mutually-agreed-upon-payment-by-instalment-plan"), any future application for ***A.H.A.*** membership will only be considered if an applicant is able to demonstrate that he has the capacity to meet the ***A.H.A.'s*** specific performance, competence and proficiency criteria for membership that apply to that specific membership category on the day of his new application.

15. In the event of his membership being cancelled on the grounds of non-payment of a debt to the ***A.H.A.***, all of the debts must be fully discharged prior to lodging any new application. And, if this is the case, even though all of his past debts may have been completely discharged, any future application for ***A.H.A.*** membership will only be considered if the applicant is able to demonstrate that he has the capacity to meet the ***A.H.A.'s*** specific performance, competence and proficiency criteria for membership that apply to that specific membership category on the day of his new application.

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K. Criteria for the Annual Renewal of "Student" Membership

K.1. The Criteria for the Annual Renewal of "Student" Membership…

1. The A.H.A. "***Student Member*** membership year" is the same as the "calendar year" (viz. 1 January to 31 December).

2. No application for the renewal of ***Student Membership*** of the ***A.H.A.*** will be accepted from any individual who did not have ***Student Member*** status (in good standing) on 31 December of the immediately preceding year.

3. The applicant must not yet be eligible to apply for either ***Associate Membership*** or ***Clinical Membership***.

4. No application for the renewal of annual membership will be accepted and/or administratively processed until all of the specified dues and/or renewal fees for the ensuing year have been paid in full.

5. No application for the renewal of annual membership will be accepted unless it has been made in the ***form*** and the ***manner*** that has been prescribed by the Executive.

6. (Unless otherwise excused by the Executive) the applicant must have attended all General Meetings of the ***A.H.A.*** for the preceding year, and must have agreed to continue to do so throughout the ensuing year.

7. The applicant must be able to demonstrate that he is still being adequately supervised by his training institution (or his "master", if an "apprentice") in the process of his hypnotherapeutic studies.

8. The applicant must be continuing to work towards becoming a "full-time hypnotherapist" (however that might be defined by the ***A.H.A.*** Executive).

9. The applicant must be able to satisfy the ***A.H.A.*** Executive that his fitness to efficiently practise as a professional hypnotherapist is not impaired in any way by reason of infirmity, illness, or injury.

10. The applicant must be continuing to work towards gaining the specified academic and practical requirements for ***Associate Membership***. In support of his claim, he will be required to furnish whatever report the Executive may

require on his studies and progress in the preceding year, as well as providing a detailed outline of the specific programme of study he intends to follow in the ensuing year.

11. Irrespective of the status and the duration of their ***A.H.A.*** member-ship, the ***membership*** of any person who has not paid all outstanding dues, membership fees and/or any other past debts to the ***A.H.A.*** by 31 December of any given year (or who fails to comply with the terms of a "mutually-agreed-upon-payment-by-instalment-plan") will be cancelled.

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L. Criteria for the Annual Renewal of Accreditation for those who are currently Members of an (A.H.A.)-Approved Professional Association

L.1. The Criteria for the Annual Renewal of Accreditation for those who are currently Members of an (A.H.A.)-Approved Professional Association…

1. The A.H.A. "accreditation year" is precisely the same as the "calendar year" (viz. 1 January to 31 December).

2. (Except for extenuating circumstances, and except when the Executive has specifically directed otherwise) no application for re-accreditation will be accepted until all of the required dues, charges and/or fees have been paid in full.

3. For a "non-A.H.A. member", his continuing accreditation by the ***A.H.A.*** Executive is contingent upon him continuing to be a "full member in good standing" of an ***A.H.A-approved professional association*** (see ***Section H.2***). Therefore, no application for annual renewal of ***A.H.A.*** accreditation will be accepted from any person who does not satisfy the Executive that he intends to continue to be a "full member in good standing" of an ***A.H.A-approved professional association*** for the ensuing year.

4. (Except for extenuating circumstances, and except when the Executive has specifically directed otherwise) no application for re-accreditation will be accepted from any individual who was not accredited on 31 December of the immediately preceding year.

5. The applicant must have satisfied the Continuing Professional Education requirements that were specified by the ***A.H.A.*** Executive for the preceding year.

6. The applicant must be able to satisfy the ***A.H.A.*** Executive that he is currently maintaining (or has access to) and is currently using an adequate professional library.

7. The applicant must be able to demonstrate that he has satisfied the stated Malpractice Liability Insurance requirements of the ***A.H.A.*** Executive for the ensuing year.

8. The applicant must be able to satisfy the ***A.H.A.*** Executive that his fitness to efficiently practise as a professional hypnotherapist is not impaired in any way by reason of infirmity, illness, or injury.

9. Amongst those "full members in good standing" of an ***A.H.A-approved professional association*** who have also been awarded the status of "***Life Member***" of ***that*** association, ***only those who have paid the set accreditation charges and fees for the ensuing year***, and who also:

a. have satisfied the ***A.H.A.*** Executive's specified Continuing Professional Education requirements for the preceding year,

b. have satisfied the ***A.H.A.*** Executive that he is carrying Malpractice Liability Insurance (MLI) which specifically covers his delivery of hypnosis/hypnotherapy for the ensuing year, and

c. are able to satisfy the ***A.H.A.*** Executive's specified "full-employment" require-ments for the ensuing year,

will be re-accredited.

10. By applying for the renewal of his accreditation, the applicant agrees that, in the event of his being granted leave of absence from his ***A.H.A-approved professional association*** for a specified period of time that is less than twelve (12) months, his accreditation will be suspended; and, provided he returns within the agreed time, his accreditation will be reinstated. If he is granted leave of absence for more than twelve (12) months, or if he fails to return within the agreed time, his accreditation will be automatically cancelled.

11. By applying for the renewal of his accreditation, the applicant implicitly agrees that, if his ***A.H.A-approved professional association*** membership is suspended for disciplinary reasons, his accreditation will ***ipso facto*** be automatically and immediately suspended until his member-ship has been reinstated.

12. By applying for the renewal of his accreditation, the applicant implicitly agrees that, if his ***A.H.A-approved professional association*** membership status is reduced for disciplinary reasons, and in the event of that reduced membership status not attracting accreditation, his accreditation will immediately lapse.

13. Irrespective of the status and/or duration of his accreditation, the accreditation of any person who has not paid all outstanding dues, fees and any other past debts to the ***A.H.A.*** by 31 December of any given year (or who fails to comply with the terms of a "mutually-agreed-upon-payment-by-instalment-plan") will be cancelled.

14. In the event of his accreditation being cancelled on the grounds of either non-payment of his accreditation dues/fees (or a failure to comply with the terms of a "mutually-agreed-upon-payment-by-instalment-plan") or because he could no longer be considered to be working "full-time" (viz. his ***major occupation*** being ***Clinical Hypnotherapist*** and his ***principal modality*** within that occupation being ***hypnotherapy***), any future application for accreditation will only be considered if an applicant is able to demonstrate that he has the capacity to meet the ***A.H.A.'s*** specific performance, competence and proficiency criteria for accreditation that are in force on the day of his new application.

15. In the event of his accreditation being cancelled on the grounds of non-payment of a debt to the ***A.H.A.***, all of the debts must be fully discharged prior to lodging any new application. And, if this is the case, even though all of his past debts may have been completely discharged, any future application for accreditation will only be considered if an applicant is able to demonstrate that he has the capacity to meet the ***A.H.A.'s*** specific performance, competence and proficiency criteria for accreditation that are in force on the day of his new application.

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About the Author

Lindsay Yeates was born in Melbourne.
He was educated at Caulfield Grammar School, the Swinburne Institute of Technology, the Royal Melbourne Institute of Technology, the Cancer Institute Board of Victoria, and the Australian National University.

Lindsay is a Fellow of the Australian Natural Therapists Association.
He is also a Member of the Australian Hypnotherapists' Association, the Australian Society of Clinical Hypnotherapists and the International Association for the Study of Traditional Asian Medicine.

A therapy radiographer, a medical anthropologist, a linguist, and a qualified practitioner of traditional Chinese medicine, Lindsay is an expert and highly experienced professional clinical hypnotherapist who conducted an extensive clinical practice at the Sports Centre of the Australian National University for ten years prior to his move to Rose Bay in 1988.

Lindsay is also the Director and the Academic Head of the ***Rose Bay Hypnotherapy Centre***.

Appendix

M. The Eligibility for the Award of "Extraordinary Accreditation" during the Special Transitional Period (from 1/1/1996 to 30/6/1996) for those Professional Clinical Hypnotherapists who are not Curently Members of the Australian Hypnotherapists' Association

M.1. Extraordinary Offer of Accreditation to Suitably Qualified Hypnotherapists who are not Currently Members of the A.H.A. during the Transitional Period of 1/1/1996 to 30/6/1996…

The ***Australian Hypnotherapists' Association*** is offering accreditation to professional clinical hypnotherapists:

1. who, although not ***Clinical Members*** of the ***Australian Hypnotherapists' Association***, are full members in good standing of an ***A.H.A.-approved professional association***,

2. who have acquired (at least) the A.H.A.'s specified minimum technical, clinical and professional proficiency, competency and performance standards for ***Clinical Membership***, and

3. who are currently conducting an ethical "full-time" hypnotherapy practise.

During the "transitional period" (viz. from 1 January, 1996 to 30 June, 1996) the A.H.A. is offering extraordinary "transitional accreditation" to those suitably qualified Australian professional clinical hypnotherapists who are able to meet the criteria set out in this Appendix.

M.2. Definition of an (A.H.A.)-Approved Professional Association…

As outlined in ***A Set of Competency and Proficiency Standards for Australian Professional Clinical Hypnotherapists*** (at ***Section H.2.***), for the purposes of this accreditation system, the Executive of the ***Australian Hypnotherapists' Association*** has defined an "***approved professional association***" as follows:

1. The professional association concerned must be incorporated in Australia.

2. The professional association concerned must have a published ***Code of Ethics***.

3. This ***Code of Ethics*** must cover all aspects of the delivery of hypnosis and hypnotherapy.

4. The applicant's hypnotherapeutic conduct must be bound by that ***Code of Ethics***.

N.B. Without exception, in the case of every application for a particular professional association to be approved for the purposes of accreditation, the ***onus probandi*** *("burden of proof") shall always lie on the applicant.*

Consequently, the applicant will always be obligated to supply whatever information and/or documentation that might be required by the Executive.

M.3. Applications for "Transitional Accreditation" will not be Accepted from any Person whose A.H.A. Membership has previously been Cancelled…

Regardless of his being a "full member in good standing" of some other ***A.H.A.-approved professional association***, and regardless of his (otherwise) having the capacity to satisfy the Executive that his ***major occupation*** is ***Clinical Hypnotherapist*** and that his ***principal modality*** within that occupation is ***hypnotherapy***, no application for "transitional accreditation" will be accepted from any individual who has previously had his ***Australian Hypnotherapists' Association*** membership cancelled after exhausting all his rights of appeal.

M.4. "Transitional Accreditation" is only Available to those Members of an (A.H.A.)-Approved Professional Association who are Practising as "Full-Time" Hypnotherapists.…

Accreditation is only offered to those members of ***A.H.A.-approved professional associations*** in good standing who are able to satisfy the Executive of the ***Australian Hypnotherapists' Association*** that their ***major occupation*** is ***Clinical Hypnotherapist*** and that their ***principal modality*** within that occupation is ***hypnotherapy***.

M.5. Minimum Age Requirement for "Transitional Accreditation"…

Every applicant for "transitional accreditation" must have attained at least twenty-one (21) years of age at the time of lodging his application.

N.B. Although, in exceptional circumstances, the Executive of the Australian Hypnotherapists' Association may be prepared to consider an application for "transitional accreditation "from an otherwise suitably qualified candidate who has not yet attained twenty-one (21) years of age, no application for "transitional accreditation" can be accepted under any circumstances from an individual who has not yet attained eighteen (18) years of age.

M.6. Duration of A.H.A. Accreditation…

Whenever it is granted, ***Australian Hypnotherapists' Association accreditation*** is for one "accreditation year" only; and the "accreditation year" is the same as a "calendar year" (viz. 1 January to 31 December).

*N.B. In the case where the "membership year" of an otherwise qualified applicant's **(A.H.A.)-approved professional association** (or the "insurance year" of his Malpractice Liability Insurance policy's company) covers a different period from the "A.H.A. accreditation year" — say, 1 July to 30 June each year — the Executive may use its discretion to award "pro-rata" accreditation for the period 1 January to the end of that "membership/insurance year", or it may decide to award conditional accreditation for the entire "accreditation year" (viz., it is "conditional" because it will be immediately cancelled if the applicant's membership/MLI is not continued for any reason).*

M.7. All Applications for "Transitional Accreditation" must be Complete…

No application for accreditation will be considered to be lodged (and, therefore, no application will be administratively processed in any way) unless it is a ***complete*** application; viz., that it:

i. has been made in the form and manner that has been prescribed by the Executive;

ii. supplies all the information that is required by the Executive;

iii. includes all the undertakings in relation to future conduct that are required by the Executive;

iv. provides all the prescribed documentation and/or any other supporting evidence that might be demanded by the Executive from time to time in a particular case; and

v. is accompanied by payment of all the prescribed charges and fees.

N.B. All "transitional" applicants must understand the importance of lodging a complete application (and paying the prescribed fees) by the close of business on Sunday, 30th. June, 1996.

After that time, all applications for accreditation will be processed according to the "normal" conditions that prevail at the time of lodgement.

*Without exception, in the case of every application for "transitional accreditation" the **onus probandi** ("burden of proof") shall always lie on the applicant. Consequently, the applicant will always be obligated to substantiate each and every one of his statements, assertions and claims when and if he is required to do so by the Executive.*

M.8. Award of Accreditation to suitably qualified non-A.H.A. Professional Clinical Hypnotherapists during the Transitional Period (1 January, 1996 to June 30, 1996)…

Provided the applicant has lodged a ***complete*** application (which includes all of the documentation/supporting evidence demanded by the A.H.A. Executive), along with the specified application fee, by the close of business on Sunday, 30th. June, 1996, ***a special administrative appraisal procedure*** will be followed with the application of each professional clinical hypnotherapist who, although not a member of the A.H.A., currently has the status of "full member in good standing" of an ***(A.H.A.)-Approved Professional Association***, seeks A.H.A. accreditation during the "transitional" period of 1st. January to 30th. June, 1996 (inclusive).

M.9. "Transitional Accreditation" Criteria for Suitably Qualified Professional Clinical Hypnotherapists who are Members of an (A.H.A.)-Approved Professional Association…

The special "transitional" administrative procedures described below only apply to those professional clinical hypnotherapists who, although ***not*** currently members of the A.H.A., do currently ***have*** the status of "full member in good standing" of an ***(A.H.A.)-approved professional association*** and ***can*** meet the following conditions during the "transitional" period of 1 January to 30 June, 1996 inclusive:

1. Paid all of the specified dues and/or accreditation fees, and have fully discharged any other outstanding debts to the ***Australian Hypnotherapists' Association***.

2. Attained at least twenty-one (21) years of age (see ***Section M.5.*** above).

3. He must be able to satisfy the Executive that his current range, scope and level of excellence of clinical performance and hypnotherapeutic knowledge is sufficient, and that he has attained the ***prescribed level of competence*** in certain designated areas, and that he is ***not incompetent*** in other important designated areas.

4. He must be able to satisfy the Executive that he is in all respects likely to be accepted without reservation by the members of the ***Australian Hypnotherapists' Association***.

5. He must be able to satisfy the Executive that his hypnotherapeutic practice is controlled by an appropriate Code of Professional Ethics.

6. He must have been a "full member in good standing" of an A.H.A-approved professional association during the calendar years of 1994 and 1995 (see note at ***Section M.6.***).

7. He must be a continuing "full member in good standing" of ***that*** A.H.A-approved professional association for the calendar year 1996 (see note at ***Section M.6.***).

8. He must have been engaged in a "full-time" hypnotherapy practice (viz. his ***major occupation*** being ***Clinical Hypnotherapist*** and his ***principal modality*** within that occupation being ***hypnotherapy***) for the calendar years 1994 and 1995.

9. He must be continuing to practise hypnotherapy "full-time" (viz. his ***major occupation*** will be ***Clinical Hypnotherapist*** and his ***principal modality*** within that occupation will be ***hypnotherapy***) for the duration of the calendar year 1996.

10. He must carry Malpractice Liability Insurance (MLI) which specifically covers his delivery of hypnosis/ hypnotherapy for the duration of the calendar year 1996 (see note at ***Section M.6.***).

11. He must be of good fame and character.

12. (Regardless of whether a "Government-registered Health-Care professional", a "theologically trained person" or not), he must have been recently psychologically appraised by an independent clinical psychologist; and ***that*** appraisal must have indicated that he is a fit and proper person to practise hypnotherapy.

13. His fitness to efficiently practise as a professional hypnotherapist must not be impaired in any way by reason of infirmity, illness, or injury.

14. He must be able to satisfy the Executive that he has the capacity and intention to undertake appropriate on-going self-directed study and professional development.

15. He must be able to satisfy the Executive that he has the capacity and intention to independently pursue the individual mastery of a wide range of hypnotherapeutic knowledge and skills.

16. He must be able to satisfy the Executive that he is currently maintaining (or currently has access to) and is currently using an adequate professional library.

17. He undertakes that, if accredited, he ***will*** engage in at least twenty (20) hours of Continuing Professional Education in the calendar year 1996.

18. He acknowledges that his accreditation will only be renewed in subsequent years if he continues to be a member of an A.H.A.-approved professional association for that calendar year, he continues to work as a "full-time", professional clinical hypnotherapist for that calendar year, he continues to carry MLI insurance for that calendar year, and he undertook at least twenty (20) hours of Continuing Professional Education in the preceding calendar year.

19. He acknowledges that if, for any reason, he allows his "transitional" accreditation to lapse at any future time, his application for re-accreditation will be processed according to the "normal" standards that apply at the time of his re-application.

M.10. Examinations for "Transitional Accreditation" for those who are Members of an (A.H.A.)-Approved Professional Association…

Although, in exceptional circumstances, the Executive of the ***Australian Hypnotherapists' Association*** may decide to exercise its right to examine a candidate for "transitional accreditation" who is a "full member in good standing" of an ***A.H.A.-approved professional association***, examinations will not normally be a routine part of the formal application process for "transitional accreditation".

As part of the regular appraisal procedure, unless the Executive has specifically and explicitly directed other-wise in a particular case, every candidate for "transitional accreditation" will be required to attend a personal interview with the Executive (or their designated representatives), at a time to be specified, in the capital city of the applicant's home State.

In this interview the candidate will need to be able to satisfy the Executive that he is an appropriate person to be accredited.

The Executive's recommendation will be final.

> *N.B. In the case of an application for "transitional accreditation" being rejected, all applicants should understand that a rejection of an application for the extraordinary "transitional accreditation" does not necessarily indicate that a subsequent, future application for "normal accreditation" will also be rejected.*

Furthermore, in order for any candidate to be awarded "transitional accreditation" by the ***Australian Hypnotherapists' Association***, the Executive must be thoroughly satisfied that he is in all respects likely to be accepted without reservation by the members of the ***Australian Hypnotherapists' Association***.

There is only one level of accreditation, and it will always be awarded to a specific individual, on the basis of his ***professional competency*** (rather his ***academic excellence***): that is, on the basis of:

a. his specific character,

b. the range, scope and level of excellence of his clinical performance,

c. his attainment of the ***prescribed level of competence*** in certain designated areas,

d. his ability to demonstrate that he ***is not incompetent*** in other important designated areas, and

e. his demonstrated hypnotherapeutic knowledge.

All tests, appraisals and/or examinations for "transitional accreditation" by the ***Australian Hypnotherapists' Association*** will be conducted in the English language.

M.11. "Transitional Accreditation" is not an Automatic Entitlement…

This extraordinary "transitional accreditation" is not something that is just ***automatically*** bestowed upon an individual by the ***Australian Hypnotherapists' Association*** simply by virtue of the fact that he has been able to meet the specified criteria for "transitional accreditation".

"Transitional accreditation" is something that is awarded entirely at the discretion of the Executive of the ***Australian Hypnotherapists' Association***.

In exercising this discretion, the Executive of the ***Australian Hypnotherapists' Association*** may refuse to accept any application for accreditation from any individual and/or may refuse to accredit any applicant without it being required to provide any reason or explanation for its actions.

> *However, the rejection of an application for "transitional accreditation" does not necessarily indicate that a subsequent, future application for "normal accreditation" will also be rejected.*

Every individual who is awarded this special "***transitional accreditation***" for 1996 due to his "full member in good standing" status of an ***A.H.A.-approved professional association*** will be required to meet all of the conditions that have been specified in ***A Set of Competency and Proficiency Standards for Australian Professional Clinical Hypnotherapists*** (at ***Section M***) on 1 January, 1997 in order to be re-accredited for the 1997 accreditation year.

His accreditation will only be renewed for 1997 if he can meet all of the Executive's specified on-going accreditation criteria.

M.12. Documentation/Supporting Evidence that is Required for the Award of "Transitional Accreditation" to suitably qualified non-A.H.A. Professional Clinical Hypnotherapists during the Transitional Period…

In addition to being required to pay all of the specified dues and accreditation fees (and to fully discharge any outstanding debts to the ***Australian Hypnotherapists' Association***), and as well as having to conform with any other requests for information and/or verification that might be made by the Executive in particular circumstances, each "non-A.H.A. hypnotherapist" who applies for accreditation during the "transitional" period (***1 January to 30 June, 1996 inclusive***) must be prepared to supply:

1. Documentary evidence (from his professional association) that he has been a "full member in good standing" of an ***A.H.A-approved professional association*** during the calendar years 1994 and 1995, and that he will be continuing as a"full member in good standing" of that association for the calendar year 1996 (refer to ***Section M.6***).

2. Documentary evidence (in whatever form the Executive may require in his case) to verify that his ***major occupation*** was ***Clinical Hypnotherapist*** and that his ***principal modality*** within that occupation was ***hypnotherapy*** during the calendar years 1994 and 1995.
3. Documentary evidence (in whatever form the Executive may require in his case) to verify that for the calendar year of 1996 his ***major occupation*** will be ***Clinical Hypnotherapist*** and that his ***principal modality*** within that occupation will be hypnotherapy.

4. Documentary evidence (from his MLI insurance company) that he is carrying Malpractice Liability Insurance which specifically covers his delivery of hypnosis/hypnotherapy for the duration of the calendar year 1996 (see note at ***Section M.6***).

5. Three current written references that attest to his good fame and character.

6. A copy of a recent psychological appraisal (of a type considered relevant by the Executive) by an independent clinical psychologist which indicates he is a fit and proper person to practise hypnotherapy.

7. Documentary evidence (in whatever form the Executive may require in his case) to attest to his fitness to efficiently practise as a professional hypnotherapist is not impaired in any way by reason of infirmity, illness, or injury.
8. Documentary evidence (in whatever form the Executive may require in his case) to verify his formal, informal, self-directed, "distance" and/or "on-the-job" training in clinical hypnotherapy.

9. Documentary evidence (in whatever form the Executive may require in his case) to verify his formal, informal, self-directed, "distance" and/or "on-the-job" training in the areas of basic psychological processes, medical terminology, counselling skills, psychopharmacology, and human sexuality (and related counselling skills).

10. Documentary evidence (in whatever form the Executive may require in his case) to verify that he has had at least ***the equivalent of 1,000 hours of one-to-one clinical experience using clinical hypnotherapy exclusively***.
    *N.B. "Rule of thumb": "**1,000 hours of clinical experience**" is equal to "**1,000 client treatment units**".*

11. Documentary evidence (in whatever form the Executive may require in his case) to verify that he is currently maintaining (or currently has access to) and is currently using an adequate professional library.

12. A written undertaking that, if awarded "transitional accreditation", he ***will*** engage in at least twenty (20) hours of Continuing Professional Education in the calendar year 1996.

13. A written acknowledgement (***Section M.7.iii.*** refers) that he knows that his accreditation will only be renewed in subsequent years if:
    - his membership of his A.H.A.-approved professional association continues for the ensuing year,
    - he continues to carry MLI insurance for the ensuing year, and
    - he has engaged in at least twenty (20) hours of Continuing Professional Education in the preceding calendar year.

14. A written acknowledgement (***Section M.7.iii.*** refers) that he knows that if, for any reason, he allows his "transitional accreditation" to lapse at any time, any future award of accreditation will depend upon his being able to meet whatever the stated competency and performance criteria for accreditation might be at the time of his (new) application.